TURNER, VELMA REE. A History of Recreation at Broughton Hospital: 1883-1973. (1976) Directed by: Dr. Gail Hennis. Pp. 197

It was the purpose of this study to identify and record the significant events in the development of recreation at Broughton Hospital from 1883 to August, 1973 in order to trace historically the emergence of a therapeutic recreation program in a mental hospital. Broughton, one of the four North Carolina state hospitals for the mentally ill, is located in Morganton, N. C. Formal permission was obtained from the hospital administration to conduct the study. Questions were formulated concerning the establishment of the hospital, the initiation and purposes of recreation, the types of recreational activities provided, the personnel responsible for conducting the recreation program, and the influence of state and national trends on the program. Information pertinent to the topic and these questions was gathered through state laws, reports of state agencies and committees, hospital records, interviews, and personal observation. The material assembled in the process of answering the questions formulated was synthesized into a chronological report of the development of recreation at Broughton Hospital.

It was discovered that the growth of recreation at Broughton into a therapeutic aspect of hospital treatment was affected by the national developmental changes in therapeutic recreation. In turn, the objectives and purposes of the therapeutic recreation program had been molded by the advancements in mental health. Therefore, it was necessary to identify the national and state

trends in mental health and therapeutic recreation and to relate them to the historical developments in recreation at Broughton Hospital.

A HISTORY OF RECREATION AT BROUGHTON HOSPITAL: 1883-1973

by

Velma Ree Turner

A Thesis Submitted to
the Faculty of the Graduate School at
The University of North Carolina at Greensboro
in Partial Fulfillment
of the Requirements for the Degree
Master of Education

Greensboro
1976

Approved by

Thesis Advisor

APPROVAL PAGE

This thesis has been approved by the following committee of the Faculty of the Graduate School at the University of North Carolina at Greensboro.

Thesis Advisor Gail M. Dennis

Committee Members Elizabeth C. Hunter

Rosemary McGee

September 2, 1976
Date of Acceptance by Committee

ACKNOWLEDGEMENTS

The writer wishes to express appreciation and gratitude to Dr. Gail Hennis for her patience and assistance in the preparation of this study.

Gratitude is also extended to Dr. Capers Smith for permission to undertake the study and to Mr. Robert Littlejohn and Mrs. Inga Warrick for their assistance in the research of the paper and reading of the rough draft.

A special thanks is extended to the many persons interviewed during the course of this study. They willingly gave of their time and showed a genuine interest in the paper.

To Mr. R. J. Phillips who assisted with the photography and to Mrs. Mary Jane Knight who typed the final draft of the paper, there goes a sincere thank you.

It is to Miss Mary Bush that the writer is deeply grateful. Miss Bush spent many hours with the writer in discussion of the topic, made written sources of information available, suggested many of the candidates that were interviewed, assisted with the typing of the rough draft, read and critiqued the rough drafts of the paper, and provided the encouragement that made the completion of this study a reality.

To friends who have encouraged and endured this writing and gave so much of their time to help, the writer expresses grateful appreciation.

TABLE OF CONTENTS

Chapter Page

LIST OF FIGURES

Chapter I

Introduction

Recreation as a therapeutic aspect of treatment for the mentally ill is a relatively new concept. Substantial progress has been made within the last 30 years toward incorporating therapeutic recreation services into mental health programs. Historical studies have shown how free time activities have evolved into professional recreation programs in schools and communities and, more recently, into therapeutic programs for the physically and mentally handicapped. Although therapeutic recreation is now used in hospitals and in rehabilitation centers, the fullest potential of this form of therapy has not yet been developed.

Being involved in recreation and having had the opportunity to observe the use of recreation within an institution for the mentally ill, this writer became interested in the development and potential of recreation as a therapy for the mentally ill. In reviewing available literature on the subject and in discussing with the personnel and administrators at Broughton Hospital their recreation program, the need to view institutional recreation in a historical perspective became apparent. The understanding of a present day hospital recreation program in terms of its development, purposes, and philosophy was

dependent upon the knowledge of past events and developments. The compiled history of such a program had the potential for projecting future trends in the development of therapeutic recreation. As such a study had been conducted at Dorothea Dix Hospital in Raleigh, North Carolina and no organized history of recreation was available at Broughton Hospital, it was decided to limit a historical study of therapeutic recreation to this institution. Broughton Hospital is one of the four North Carolina state hospitals for the mentally ill. It is located in the foothills of the state in the city of Morganton.

It is the purpose of this study to identify and record the significant events in the development of recreation at Broughton Hospital from 1883 to August, 1973 in order to trace historically the emergence of a therapeutic recreation program in a mental hospital. As a major change was made in the organization of the hospital in the fall of 1973, the ensuing changes in the recreation program were considered too recent to be studied in a historical manner. Specifically, answers to the following questions were sought:

1. When was Broughton Hospital established?
2. What were the circumstances involved in the establishment of the hospital?
3. When was recreation initiated into the total hospital program?
4. What were the purposes of the recreational services offered the patients?

5. How have these purposes changed?
6. What state and national trends have influenced the existence, use, and development of recreation at Broughton Hospital?
7. What hospital personnel have been responsible for conducting the recreation program?
8. What were their qualifications?
9. When was a formalized recreation department established?
10. What facilities have been available for recreational use?
11. What recreational activities have been available for the patients throughout the existence of the hospital?
12. What have been the outstanding events in the history of the recreation program provided at Broughton Hospital?

The procedure employed for this historical research involved:

1. Obtaining formal permission from Dr. Capers Smith, Superintendent of Broughton Hospital, to undertake the study and utilize official hospital records (C. Smith, personal communication, April 18, 1973).
2. Gathering information by examining state laws pertaining to the hospital, reports of state agencies and interested committees, hospital records including annual and monthly reports and minutes of meetings, interviewing and corresponding with selected persons

associated with the hospital, observing recreational activities in progress, and inspecting the recreational facilities available at the hospital.

3. Examining the gathered information in light of the specific questions to be answered.
4. Interpreting and analyzing the complete data.
5. Synthesizing the data into a coherent report which recorded the historical development of recreation at Broughton Hospital and answered the specific questions asked.

In order to pursue the study using the above guidelines, it was assumed that the records and reports used to gather information were accurate and reliable. It was also assumed that the people interviewed were reliable sources of information. The sources of information for this study were limited by the following facts: the hospital's board of directors was disbanded in 1945, no hospital biennial reports were published after 1944, and Occupational Therapy and Recreation Therapy Department reports for certain periods were not available.

In interpreting and analyzing the complete data gathered, it was realized that the growth of recreation at Broughton Hospital was affected by the national developmental changes in therapeutic recreation. In turn, the objectives and purposes of the therapeutic recreational program had been defined and molded by the advancements in mental health. Therefore, in this study, it was

necessary to attempt to relate the historical developments in recreation at Broughton with national and state trends in mental health and therapeutic recreation in order to understand how the program emerged to a therapeutic status. In order for this to be done, these trends had to be identified and explained. The introduction to each chapter followed the developmental trends in mental health and therapeutic recreation and the summary of each chapter dealt with the relationship of the trends with recreation at Broughton Hospital.

The following terms were used in this study and are defined for clarification:

1. Broughton Hospital - one of the four North Carolina State hospitals for the mentally ill. Primarily for adults, a small percentage of patients are 21 years and younger.
2. Mental illness - a disorder of behavior; a breakdown of adjustment so severe that professional psychotherapy is indicated. Mental illness is more general than mental disorder (English and English, 1958).
3. Mental disorder - any grave or disabling failure of adjustments, whether relatively temporary or chronic, psychogenic or somatogenic, functional or organic. It does not usually include mental deficiency; it does include psychosis and neurosis (English and English, 1958).
4. Recreation, recreational activities, recreation program(s) - the hospital-established and regulated

physical, sports, and social activities, active and passive, in which patients participate for enjoyment, leisure, or therapy. This is in no way connected with physical therapy.

5. Centralized activities - those activities conducted in a central recreation area such as the gymnasium or the library.
6. Unit activities - those activities conducted in the patients' residential area or activities conducted specifically for a ward or unit.
7. Unit system - a method of decentralization of hospital services into geographic and/or specialty units. Each unit has its own director and staff and functions as a smaller hospital within the total institution.
8. Closed wards - the living quarters in the hospital for the disturbed mental and senile patients. These wards, also called locked wards, are always kept locked.
9. Open wards - the living quarters in the hospital for patients who are permitted to move about the hospital grounds. The ward doors are left open during specified hours of the day.
10. Privileged patient - the patient who is allowed access to the hospital grounds alone or in groups.
11. Therapeutic recreation - recreational activities designed or adapted to meet the social, emotional, and physical needs of the individual patient.

12. Rehabilitation services - the unified administration of recreation, music, occupational therapy, patients library, industrial therapy, volunteer services, and as of 1971, the industrial activities workshop.

This study was organized in chronological sequence. Chapter divisions were based on patterns of events and are unequal in time span. The chapters were based on events occurring under the directorship of the several administrators in charge of recreation. Although the concern of the study was the development of the therapeutic recreation program at Broughton Hospital, certain events occurring at the hospital and on the state and national level were discussed as they related to and affected the recreation program.

Chapter II

The Establishment of Broughton Hospital

1883

Broughton Hospital, first known as the Western North Carolina Insane Asylum, admitted its first patient, a medical doctor, on March 29, 1883 (Western North Carolina Insane Asylum, 1883-1905). The 1874-75 North Carolina General Assembly had ratified the bill on March 20, 1875 (1875, Ch. CCXLIX), making possible a second "Asylum for the Insane in the State of North Carolina (p. 336)." This institution was to be located within three miles of Morganton, North Carolina. Plans and construction immediately began on the hospital, but opposition arose delaying the completion of the main building until 1883 (Governor's Commission, 1937).

It took many years for the real need for mental institutions to be realized in North Carolina. As early as 1785, however, concern for the mentally ill was shown when the legislature passed a law (Clarke, 1905, Ch. XVIII) authorizing county wardens to build houses to provide for the poor and "those deprived of their senses (p. 739)." McCulloch (1936) cited the efforts of several governors in the 1800's who recommended the establishment of an institution for the mentally ill. Their efforts were to no avail. It was not until 1848 when Dorothea Dix came to North Carolina that interest in the mentally ill developed.

In her written plea to the North Carolina General Assembly, Dix (1848) told of North Carolina's position on caring for the insane in relation to the other states.

> . . . North Carolina . . . untouched by serious misfortunes, is last and latest of the 'old thirteen', save the territory of Delaware, to make provisions for the care and cure of her insane citizens, and almost the last embracing all the United States in our broad Union (p. 4).

She told of her visits to several counties in North Carolina, examining the poor conditions of homes, poor-houses, and jails where the insane were kept. Dix's plea was not only for the suffering humanity but for the economy of the state. It would be financially easier for the towns and counties to support a state institution for the insane than to continue keeping them in jails and poor-houses.

Even this dynamic presentation did not immediately convince the legislators of the expediency to establish a mental institution at public expense. A bill was presented to the legislature for the appropriation of $100,000 for a hospital (Ashe, 1925). It failed to receive enough votes because of the amount of money suggested.

This act of the legislature occurred while Representative James C. Dobbin was absent due to his wife's serious illness. On her death bed, she asked her husband to support the hospital bill. She wanted to show her gratitude to Dorothea Dix who had nursed her during her illness. On returning to the legislature, he requested a reconsideration of the bill. Granted

this, Dobbin gave a very persuasive speech in favor of the establishment of a mental hospital and recommended a solution for getting the needed money (Ashe, 1925; McCullough, 1936). Dobbin's speech undoubtedly convinced the legislators for the bill passed (North Carolina General Assembly, 1849, Ch. I).

The results of this legislation was the opening of North Carolina's first mental institution at Raleigh in 1856 (McCullough, 1936). It was then known as the North Carolina Insane Asylum. It served the white population of the entire state for well over twenty years.

When the first state hospital became overcrowded, it was necessary to establish another. Although the Western North Carolina Insane Asylum (Broughton Hospital) was the second mental hospital to be provided for by the General Assembly, another hospital actually opened prior to 1883. The 1876-77 General Assembly (1877, Ch. CCXXLVIII) passed a bill making possible the establishment of "an Asylum for the Colored Insane (p. 547)." This hospital, located in Goldsboro and called the Eastern North Carolina Insane Asylum, opened in August, 1880 (North Carolina General Assembly, 1881, Ch. 182).

Prior to the enactment of the law establishing the Western Insane Asylum, the General Assembly passed a resolution (1875) establishing a committee of five to investigate the possibilities of a location for the hospital. According to Hall (1938), the members of the committee were R. Z. Linney, R. Anderson, V. V. Richardson, John M. Moring, and G. B. Wiley. This committee

> . . . visited Statesville, Hickory Tavern, Asheville and Morganton. Here in Asheville an attempt was made to sell the State an old school of several buildings and ten acres of land. Statesville offered to donate at least 100 acres of land. Hickory Tavern . . . proffered 100 acres and at least $6,000.00. Morganton offered as much money as any other community would contribute and as much land as might be needed. The committee was impressed by Morganton and strongly recommended that the institution be placed there (p. 3).

Morganton was chosen as the site for the mental institution. It was built one mile south of the city.

The North Carolina General Assembly, on March 20, 1875 (1875, Ch. CCXLIX), appointed Nerus Mendenhall, Dr. Eugene Gressom, W. A. Graham, Thomas G. Walton, and Dr. M. Whitehead as Commissioners to purchase land and superintend the construction of the hospital. The amount of $75,000 was appropriated for this undertaking.

The Commissioners, or Building Committee, met in Morganton in May, 1875 (Commissioners, 1876). They purchased 120 acres of land from I. D. Feree, 67 acres from C. A. Shuping, and 61 acres from Major J. W. Wilson. Colonel S. McD. Tate was to sell 15½ acres to the state and J. W. Wilson was to donate one-half acre. The total acreage for the new hospital was 264 acres.

Samuel Sloan of Philadelphia was hired as architect and James Walker of Wilmington was employed as master builder. Samuel Dunovant contracted to make and deliver 3,000,000 bricks at $5.98 per thousand. Corpening, Dunovant and Company agreed to deliver 100,000 feet of white oak lumber for joists. A contract was closed with Tredegar Iron Works of Richmond, Virginia for delivery

of 4 3/4 miles of 6-inch iron pipe at 2 1/8 cents per pound, freight prepaid. Catoosa Works of Graysville, Georgia supplied 2,500 barrels of lime at $1.40 a barrel (Commissioners, 1876).

For some reasons, the construction of the mental hospital in Morganton was progressing rather slowly. A resolution by the General Assembly was passed on December 13, 1876 (1877) allowing a committee to visit the Western Asylum and report on the progress being made. Action taken by the legislature on January 31, 1877 (1877, Ch. LXIX) provides a clue as to one of the problems confronted in the construction of the institution. An act was passed to prevent willful interference with the water supply of the hospital. To do so was a misdeameanor punishable by law. A copy of this act was to be posted along the water line at the hospital. Also, in the Superintendent's report to the Board of Directors on June 13, 1883 (Western North Carolina Insane Asylum, 1882-1888), Dr. Murphy cites the slowness of the hardware men in filling orders and water line trouble as the cause of delay in receiving patients.

Several later enactments by the General Assembly (1877, Ch. CCIV; 1879, Ch. 174; 1881, Ch. 182) appropriated various sums of money for the completion of the Western Insane Asylum. The Board of Directors appointed by the governor met at the hospital on December 7, 1882 to prepare for the opening of the institution in 1883 (Western North Carolina Insane Asylum, 1882-1888). At their meeting on December 7, 1882 they appointed Dr. P. L. Murphy of Sampson County as Superintendent and Dr. W. D. Hilliard of Buncombe County as Assistant Physician.

The General Assembly (1883, Ch. 156) had directed the Board of Directors of the North Carolina Insane Asylum and the Western North Carolina Insane Asylum to determine the division of the state into two districts. Each hospital was to serve one district of the state. At their March 7, 1883 meeting, the Board of Directors for the Morganton hospital established the Western district. The line ran south through the state following the western boundary line of Rockingham, Guilford, Randolph, Montgomery, and Richmond counties (Western North Carolina Insane Asylum, 1882-1888). This division line was changed at various times over the years as the need arose.

The hospital's original building in 1883 consisted of the administration building with three wings. The South wing contained ten wards for female patients while the North wing contained ten wards for male patients (Governor's Commission, 1937). The third wing in the rear of the main building housed the boiler room and kitchen. This linear plan was known as the Kirkbride method of construction and was the plan used for many mental hospitals throughout the United States (Murphy, 1900).

Figure 1. This 1914 painting shows the hospital's original building consisting of the administration building (with the large dome) and three wings.

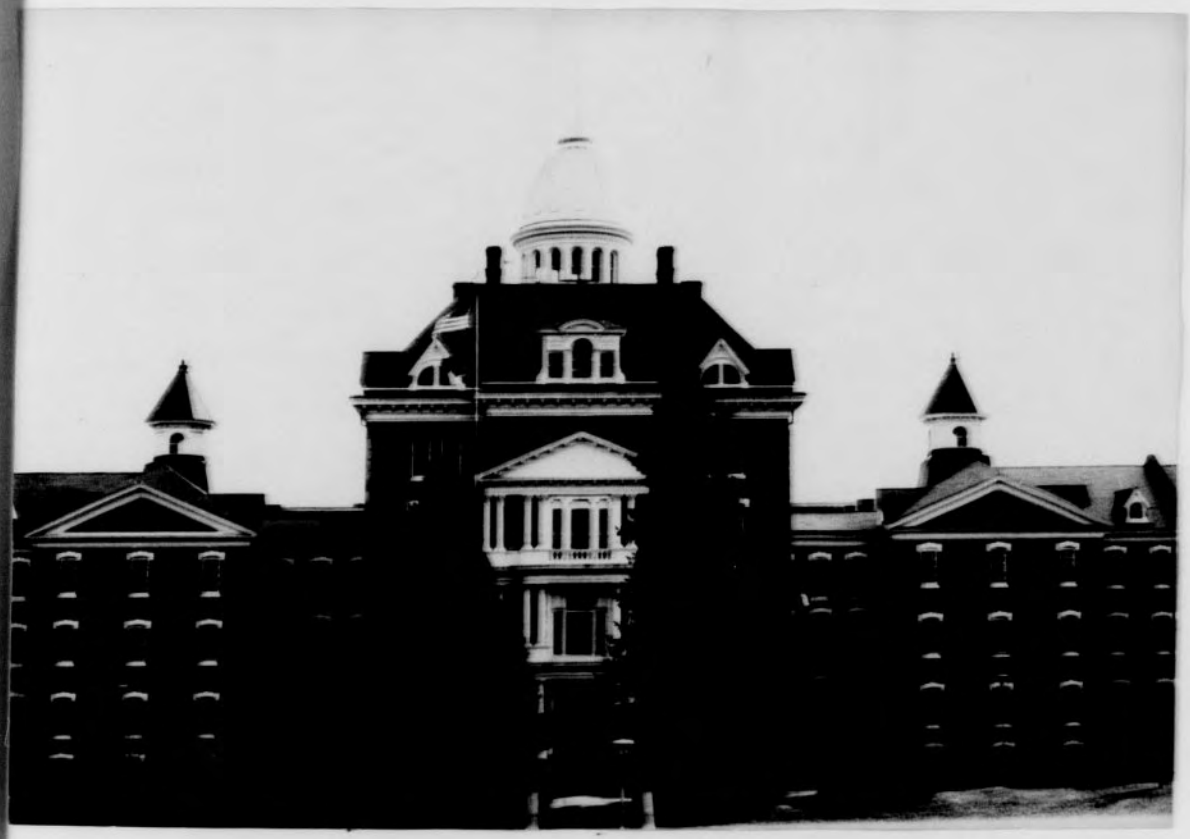


Figure 2. The administration building is referred to as Center building.

Chapter III

Recreation: Origin to Twentieth Century

The development of recreation at Broughton Hospital cannot be conscientiously studied without an understanding of the general development of therapeutic recreation. Over the years national developmental changes in therapeutic recreation have affected the growth of recreation in all institutions including Broughton. In turn, the objectives and purposes of the therapeutic recreational programs have been defined and molded by the advancements in mental health and public attitudes toward the mentally ill.

Kraus (1973) described therapeutic recreation by putting it into perspective with recreation in general.

> In a broad sense, recreation provides important therapeutic benefits for all human beings. It offers the opportunity for physical activity, emotional release, social involvement and creative expression that is essential for healthy personal adjustment and well-rounded, happy living. However, in a narrower sense, the term therapeutic recreation is used to describe those activities or leisure-related experiences which are provided for individuals who have special impairments, such as chronic illness or physical, mental or social disability. Such persons have intensified needs for constructive and enriching recreational outlets, and especially-designed programs must be provided both to contribute to their rehabilitation and recovery and to make their lives as full and happy as possible (p. 1).

Thus, therapeutic recreation is defined as those recreational activities designed for individuals suffering from any marked degree of illness or disability. The settings for this service are varied, ranging from hospitals of all types, to nursing homes,

special schools and centers, and programs for the disabled and retarded. This report has limited the discussion of therapeutic recreation to those disabilities or impairments as found in the mental institution. In addition to mental illness, some cases of mental retardation, social maladjustment, and geriatrics are found in this setting.

The idea that diversion aids in the treatment of the ill has been recurrent throughout history. The ancient Egyptians as early as 2000 B. C. had centers for treatment where games and recreation were employed for the benefit of the patients (Haworth & MacDonald, 1940). Many incidences from the ancient Egyptians to the early modern period have been cited where occupation and recreation were used in treating the ill, specifically the mentally ill (Haworth & MacDonald, 1940; Haas, 1944; Frye & Peters, 1972; Kraus, 1973). Little scientific knowledge was applied in the medical field from about A. D. 1500 to 1700. The treatment of the mentally ill during this time remained at an inhumane level (Frye & Peters, 1972).

In England, the eighteenth century brought attitudes toward the mentally ill into new perspectives. The rise of humanitarianism marked the way for reform in the treatment and care of these people. This moralistic movement spread to the American institutions in the early part of the nineteenth century (Joint Commission, 1961). Thus, interest in the use of work and recreation in aiding in the care of the mentally ill was revived. Many state institutions proclaimed the benefits of labor and amusements in dealing with mental

patients (Haworth & MacDonald, 1940; Haas, 1944). However, for the most part, recreation was seen mainly as a diversion from personal problems more so than a therapeutic effort of cure. This attitude was held throughout the last half of the nineteenth century and well into the twentieth century. Overcrowded conditions, fear and misconceptions of the mentally ill resulted in a mere custodial rather than a therapeutic atmosphere within the state institution (Meyer, 1973).

Haas (1944) has made an attempt to account for the causes of the complete lack of therapeutic advancements in the state institutions from approximately 1850 to 1890. Although his main concern was with occupational therapy, these causes can be related to all phases of advancement; e.g., therapeutic recreation.

> It now appears there were three causes: first and always, lack of public insight; second, a relative underestimation of the therapeutic value, the real returns as compared with the incidental or possible economic proceeds from the treatments, and finally, economic pressure felt in all hospitals during and after the Civil War (p. 13).

The development of recreation at Broughton followed the general trend set by the early growth of therapeutic recreation. Work and recreation were closely connected for many years. Hospital personnel saw the same benefits being obtained from the two areas of activity. They were often discussed together and work was described as entertaining or recreational. "Amusements" were mainly of a diversional nature. Reading was repeatedly emphasized in reports as providing amusement and diversion for patients.

The first indication of an interest in recreation for patients came very soon after the Western North Carolina Insane Asylum was opened on March 29, 1883. Dr. Murphy, in his report to the Board of Directors at their June 13, 1883 meeting, requested a piano and billiard tables to help relieve the tedium of confinement. The Board postponed the suggestion until a later date. The Superintendent's report on September 12, 1883 expressed the need for airing courts to provide the patients access to the outdoors. Dr. Murphy was authorized to have two airing courts constructed, but no record was found indicating that they were built. Comments in a later report suggested that the hospital was having difficulties with proper airing courts (Western North Carolina Insane Asylum, 1882-1888).

In the December, 1883 meeting, Dr. Murphy spoke of two other facets of recreation. "All of us have felt much the want of the of (sic) amusements, especially a lack of reading matter (p. 99)." He requested that a magic lantern with a supply of pictures be purchased. The estimated cost was $500.00. The Board postponed the decision on a magic lantern. A motion was made and passed that "the hall now used for dancing be hereafter officially known as Asylum Hall (p. 105)." At their meeting the next day, December 13, 1883, the Directors agreed that a subscription be made to "The Raleigh Daily News and Observer" for institutional use. Also, Dr. Murphy was authorized to use $50.00 toward the purchase of books for use by the patients (Western North Carolina Insane Asylum, 1882-1888).

Apparently, the patients' dances were held on a regular basis from the beginning of the hospital. There has been no record found as to who was directly in charge of the dances. The male attendants danced with the female patients and the female employees danced with the male patients (Dr. E. H. E. Taylor, personal communication, August 12, 1975). It is logically assumed that the attendants were responsible for getting patients to and from the dances. The dances and other activities available at the hospital were described in a report to the Board on March 5, 1884 (Western North Carolina Insane Asylum, 1882-1888).

> The weekly dances have been kept up and are well attended and much enjoyed by the patients. A temporary stage was erected in the Asylum Hall, and several entertainments have been given by the young men of Morganton and the employees of the Institution, all of our house hold (sic) have been thereby entertained (p. 115-116).

It was at this meeting that the Board indefinitely postponed the purchase of a magic lantern.

Later reports to the Board indicated the various activities being made available at the hospital. A courtyard for exercises was constructed in the spring of 1884 for the benefit of the women. The men enjoyed the games of croquet and marbles. In September, 1884, a request was made again for a stereopticon along with a piano and organ. Dr. Murphy stated that $1100.00 was available for the purchases. The action of the Board was more favorable at this point and a piano and stereopticon were purchased in the fall of that year (Western North Carolina Insane Asylum, 1882-1888). The steward's report for the two years ending November 30, 1884,

included the purchases of one stereopticon at $489.18 and one piano at $325. Incidentally, $60.30 had been spent on music for the dances (Western North Carolina Insane Asylum, 1884).

Dr. Murphy's annual report in 1884 (Western North Carolina Insane Asylum, 1882-1888) reiterated the various recreational activities made available to the patients. In expressing his opinion on the value of these activities, Dr. Murphy said: "It is well known to every one that employment and amusement are among the best means of treatment (p. 155)." He commented on the great success of the weekly dances and on his belief that the stereopticon would be a significant factor in helping the patients combat boredom. An activity that had not been previously mentioned was riding in nice weather for those whose condition would permit. An airing court had been constructed on the front grounds. Dr. Murphy ended his report with acknowledgements to those who had participated in the theatrical entertainments and concerts provided for the patients. Acknowledgements were also made to the editors of 13 newspapers for their support during the year.

The years 1885 and 1886 brought a few more advancements to the area of recreation at the state hospital. One drawback, however, was the postponement of repairs to Asylum Hall. This was announced in the report of the Building Committee on June 10, 1885. A billiard table and bagatelle table were purchased in the fall of 1885. The bagatelle table was for the women patients. It was reported that these items were in constant use and had improved the condition of some of the patients. Dr. Murphy requested a

supply of pictures for the stereopticon, but there was no action taken on the matter (Western North Carolina Insane Asylum, 1882-1888).

The steward, in his biennial report for this period, gave a financial rundown of the purchases of recreational equipment. The cost of the items were as follows: a billiard table, $260; a carrom volette table (bagatelle), $58.50; billiard balls, $10.50; an upright piano, $275; and a chapel organ, $100. Beginning with the 1886 report, the steward gave regular statements on the amount of money spent for "amusements." These "amusements" were purchased from the general maintenance fund (Western North Carolina Insane Asylum, 1887). Apparently, these expenditures were for supplies and items other than the major items whose purchases had to be approved by the Board of Directors. Such purchases were from a special fund. There has been no list found as to what supplies came under "amusements."

The Superintendent's report ending the 1885-1886 period again expounded upon the fact that the weekly dances were the most enjoyed amusement being provided the patients. Several theatrical entertainments and musical concerts were given by the attendants of the hospital with the help of outside sources. The "Asylum library" gave the patients much enjoyment as well as did the several newspapers that were provided (Western North Carolina Insane Asylum, 1887).

The next few years produced few new items for recreation; nevertheless, progress was made in this area. On December 14, 1887,

Dr. Murphy made this announcement to the Board of Directors (Western North Carolina Insane Asylum, 1882-1888):

> Since your last meeting a bowling alley and billiard room have been constructed in the front grounds. This was almost all paid for out of the special fund in the hands of the Steward. About $150.00 was taken from the support fund for this purpose, as the special fund was exhausted before it was quite finished. The original plan was enlarged and somewhat elaborated or there would have been sufficient (funds) for the purpose (p. 333).

The bowling alley and billiard room, then, were built at some time between September 14, 1887, the previous meeting date of the Board of Directors, and December 14, 1887. They were located on the front grounds by the lily pond behind the present day recreation building (Dr. E. Taylor, personal communication, August 12, 1975). Material, furniture, and labor for the bowling alley were $1,154.43. Two additional recreational expenditures at this time were a billiard cloth at a cost of $16.00 and a piano at a cost of $335.71, including freight (Western North Carolina Insane Asylum, 1889).

No reports as to the use and enjoyment of these facilities for recreational purposes by the patients have been found. However, the bowling alley was used to house smallpox patients during a widespread occurrence of the disease in the 1890's (Mrs. J. Vernon, personal communication, August 11, 1975; Dr. E. Taylor, personal communication, August 12, 1975). This no doubt was the reason no reports were made as to its recreational use. No further written references to these facilities were made until June 14, 1899. On this date, it was reported to the Board of Directors that the bowling alley had been destroyed by a windstorm on June 1

of that year (State Hospital, 1898-1906). This report gave a description of the building. It was a long narrow building situated on a hillside on the hospital's front grounds. The lower end of the building was approximately eight to ten feet from the ground, being supported by brick pillars. Patients who had been working in the hay fields on the front grounds had taken shelter under the building when the storm arose. The bowling alley collapsed in the storm, killing one patient, seriously injuring nine, and wounding several others as well as one employee. One other patient died later as a result of injuries sustained in the accident.

The reports and minutes for 1889 made only one mention of any aspects of recreation. The Superintendent made a request to visit other asylums in various states. The reason for the visit was to study methods for employing and amusing the professional type patients. He had observed the difficulty in keeping this class of patients occupied (Western North Carolina Insane Asylum, 1888-1898). No record was found as to the action of the Board on this request.

The next two years were a little more promising for recreation. The amount of $250.00 was made available for patients' books in 1890. Billiard table repairs were made at a cost of $62.68. A new billiard table and pool table were purchased in 1891 at $175.00 and repairs on these were made at a cost of $88.83. The new billiard table was put in the billiard room and the pool table was put in the parlor of Ward Six (Western North Carolina Insane Asylum, 1888-1898).

A letter to Dr. James K. Hall, a former doctor at the Morganton hospital, from Horace Payne (1939), Morganton's telegraph operator at one time, gave some insights as to the recreational activities available to the patients in the period around 1890.

> Uncle Rant Woodward drove the carriage at the time . . . . The carriage seated six persons and he would take out four women patients and the attendants twice a day and drive them out in the country. He would rotate every day taking women from the different wards . . . . I was just about eighteen years old along those days and about once a month I would walk over there some Friday night to the dances, and, by the way, those patients looked forward to Friday nights the same as you and I did when we were lads going to our Grandfathers (p. 1).

No other source uncovered told the particular night on which the weekly dances were held. Also, this statement supported the much repeated comment by Dr. Murphy that the patients enjoyed the dances.

The start of the decade ushered in a name change for the Western North Carolina Insane Asylum. It had been recommended in a meeting of the state hospital superintendents that the new name be State Hospital at Morganton (Western North Carolina Insane Asylum, 1890). This recommendation was succeeded by an official act of the 1891 General Assembly changing the name of the western hospital to "State Hospital at Morganton" (1891, Ch. 15). A later enactment by the same General Assembly changed the name of Eastern North Carolina Insane Asylum to "Eastern State Hospital" (1891, Ch. 507). It is not known why the name of the Raleigh hospital was not changed at this time. It was called North Carolina Insane

Asylum until 1899 when the General Assembly changed the name to "State Hospital at Raleigh" (1899, Ch. 1).

An indication of why the name of the hospital was changed was cited in Payne's letter to Dr. Hall (1939). In this letter, Payne reminisced about the early days of the hospital.

> I think the real reason that Dr. Murphy had the name of the institution changed from the 'Western North Carolina Insane Asylum' to the 'State Hospital' was on account of it sounding so CRUEL. The idea of anyone sending their loved ones to an 'Insane Asylum" was very hard, but going to the 'State Hospital' was more humane (p. 2).

The professional concerns of Dr. Murphy did not only lie with the patients of the hospital but with the employees as well. He attempted, in May, 1893, to initiate some form of recreation for female attendants. He requested that a reading room be established for these attendants. At this time, attendants lived on the wards with the patients. It was Dr. Murphy's opinion that these employees were deprived of recreation and a reading room would help relieve the problem. He estimated the cost at about $250.00. Since its location would be in a sewing room or parlor of one of the wards, it was thought that the "library" might be used by the patients as well. This request was granted by the Board of Directors (Western North Carolina Insane Asylum, 1888-1898).

The records for the next few years only reiterated activities previously started. A report in December, 1894 indirectly referred to the dances at the Hall. This indicated that dances were still being held. Appreciation was expressed to the editors of 15 newspapers, which were named, for furnishing their papers to

the hospital. Nineteen newspapers were furnished the hospital free of charge in 1896 and 16 were provided in 1898 (Western North Carolina Insane Asylum, 1888-1898; State Hospital, 1898-1906).

In 1895 an airing court, or courtyard, was built between the female dining room on the south side of the main building and the end of Ward Nine. The purpose of this terrace-like area was to give the patients access to the outdoors and fresh air. In 1897 a courtyard was built next to Scroggs cottage (Western North Carolina Insane Asylum, 1888-1898). The attendants on the wards took their patients to these courtyards for exercise (Dr. E. Taylor, personal communication, August 12, 1975).

Other known activities for patients during the last decade of the nineteenth century included sewing, making rag dolls, especially Negro women dolls, carding wool, and working in the laundry, on the farms, and on the wards. The sewing room was located on the second floor of the Center building and the carding room was located on the third floor (Mrs. J. Vernon, personal communication, August 11, 1975; Dr. E. Taylor, personal communication, August 12, 1975). A recreational activity in which mainly the doctors of the hospital participated during this time was golf. Some form of golf course was available. Later in the 1900's, a golf course was constructed near the farm colony. It was used by both patients and employees (Dr. E. Taylor, personal communication, August 12, 1975; M. Little, personal communication, August 19, 1975).

The end of the century concluded on a rather low note for recreation as can be ascertained from the records available. Action on Dr. Murphy's plea in 1899 for obtaining more library books for the patients was postponed. As has been mentioned, the bowling alley was destroyed by a windstorm on June 1, 1899. It was ordered that it be rebuilt (State Hospital, 1898-1906). No written record of the reconstruction of the bowling alley was found. However, the son and daughter of Dr. Isaac M. Taylor, Assistant Physician at the State Hospital from 1889 to 1902, verified that the bowling alley was rebuilt. It was located on the male side of the front grounds approximately in the area of the present day greenhouse. The bowling alley was rebuilt before the Taylor family moved from the hospital in 1900 (Mrs. J. Vernon, personal communication, August 11, 1975; Dr. E. Taylor, personal communication, August 12, 1975).

Summary

Recreation of some form and to some degree has been part of the total program at the State Hospital at Morganton since its establishment in 1883. Although not fully understood as a therapy, recreation was seen to be a necessary and worthwhile aspect of institutional living. Several factors affected the growth and development of the recreation program during the first 17 years of the hospital's existence. Some of these factors are of a positive nature while others hindered the development of recreation. The resident population, staff, and financial situation of the hospital, public attitudes toward the mentally ill, and attitudes toward

recreation in general are such factors involved in the assessment of the recreation program.

The capacity of the Western North Carolina Insane Ayslum in 1883 was approximately 200. By 1900 the number approached 600 (Murphy, 1900). Among the number treated at the hospital, all types and degrees of mental illnesses were found. Epileptics, inebriates, and the criminally insane were among those admitted. The number and types of residents suggested as many different needs to be met through the hospital's program, including that of recreation. However, the hospital lacked sufficient staff and funds to adequately fulfill these needs.

The attendants and nurses under the supervision of a small number of physicians were responsible for carrying out all aspects of the hospital's planned treatment. There were no recreation specialists to conduct a recreational program. The employees, too few in number, worked long hours, and most often were not adequately trained for the job. Hospital treatment, for the most part, was of a custodial nature. A considerable amount of the employees' time was spent caring for the basic needs of the patients. Little time was left to devote to recreational activities. The demands on an insufficient staff were too great to allow recreational activities to be conducted on any large scale.

This is not to say that the staff and administration of the hospital did not perceive the importance of and need for recreation for the patients. Dr. P. L. Murphy, as Superintendent, made frequent

requests to the hospital's Board of Directors for recreational supplies and equipment. He justified these requests through his professional observations of the benefits received by the patients from the recreation activities provided. Dr. Murphy was well known for his genuine interest in the patients. He advocated an atmosphere of wholesome living for the mentally ill and was convinced of the therapeutic value "employment and amusement" could have in this setting (Hall, 1938; Payne, 1939; Western North Carolina Insane Ayslum, 1882-1888).

A major obstacle Dr. Murphy faced in trying to expand his program was lack of finances. Refusals of the Superintendent's requests did not necessarily indicate a lack of interest on the part of the Board of Directors. The hospital operated on a limited budget as did the other two mental hospitals in the state. When demands outranked the fiscal means of the hospital, cutbacks had to be made. It seemed logical to cutback on recreation as opposed to those requests to meet the basic physical needs of the patients.

In actuality, the financial problems faced by the Board of Directors of the state hospitals originated in the North Carolina legislature. The state was limited in the financial appropriations it could make to each hospital. Again, this did not necessarily indicate a lack of concern for the mentally ill. As indicated by Cahow (1967), in his study of the state's mental hospitals, North Carolina was a poor state. It could not meet all the demands made by the hospital system.

Notwithstanding the financial problems of the state, public attitudes toward mental illness had considerable affect on the development of therapeutic programs within the hospitals. Mental illness was misunderstood; thus, fear and misconceptions of the mentally ill resulted in their being ignored and forgotten. The state hospitals were seen as sites to imprison the insane, take care of them, and keep them out of the public eye. Most therapeutic aspects of treatment of the mentally ill were sacrificed for custodial care. As a result, recreation as a therapeutic phase of treatment was not, for the most part, realized.

Although these attitudes had their toll on the progress made at the State Hospital at Morganton, they did not alter the convictions held by Dr. P. L. Murphy. It is evident through the material studied that the progress and developments in therapeutic treatment made at the Morganton hospital in the latter 1800's were a result of the tireless efforts of its superintendent. He fought against great odds in order to provide an efficient means of treatment for the mentally ill. Recreation was considered a means of treatment at the State Hospital at Morganton.

Chapter IV

Recreation: One-Half Century

The Industrial Revolution in America caused the sudden rise and development of community recreation, but no noticeable advancements were made in therapeutic recreational programs during this era. World War I, however, did cause new interests to develop in treating the ill and disabled through recreational means. The work of the Red Cross in the military and veterans' hospitals during and following the war did much to promote the therapeutic value of recreational activities to the American public (Frye & Peters, 1972; Meyer, 1973). In these hospitals the positive benefits of recreation in working with the depressed and withdrawn were evident. However, such evidence did not change the attitudes held within the majority of state institutions. For the most part, it was the private psychiatric hospitals that established recreation programs during this period. The few programs that were developed in state hospitals consisted mainly of entertaining and diversional activities. They were still custodial-oriented. America went through another world war before any great strides were taken in establishing recreational services in state hospitals (Meyer, 1973).

The turn of the century brought to the State Hospital at Morganton the development of a new idea in hospital treatment.

For some time, there had been concern (Murphy, 1900) for those

> patients who are able and willing to work, and who, under mild restraint and discipline, are quiet, industrious, needing a minimum of medical attention, those who cannot live outside of an asylum and are yet comparatively harmless; those do not require the costly buildings and surroundings of an expensive hospital (p. 9).

The solution to this problem was the establishment of colonies, groups of buildings some distance from the main institution where male patients lived and worked. They remained under the care of the hospital. The first colony for men was established at Morganton in 1903 one mile from the institution (State Hospital, 1898-1906). Originally planned for 30 patients, another building was established allowing 75 residents to live at the colony. The patients worked the surrounding farmland producing various crops and raising farm animals. When not working, according to Dr. Murphy (1906),

> they are free to sit on the porches and the lawn in the summer, in the sitting room before open fires in the winter. They smoke, have games, read or do what pleases them during these hours of recreation (p. 3-4).

One activity that they participated in a great deal was baseball.

It was in connection with this new colony that information was found concerning the billiard room that had been built in 1887. No mention was found as to its recreational use during the years it had been a part of the institution. In April 1903, Dr. Murphy reported to the Board that the "old reading and billiard room" had been removed to the colony to be used as sleeping quarters for the colony patients (State Hospital, 1898-1906). Also, this is the only clue found that this building was used as a reading room.

Figure 3. Patients playing baseball at the colony (Taken from Dr. P. L. Murphy's Colony Treatment of the Insane and Other Defectives).

With the success of the farm colony for men came a concern for useful employment for the women patients. Dr. Murphy believed that employment and amusement would greatly improve the condition and lives of these patients. He thought every effort should be made to find the patients suitable work and pastimes. In his plea to the Board in June, 1906 on this matter (State Hospital, 1898-1906), he told the story of a very sedate, withdrawn patient who was given colored pencils and paper in an effort to get some response from her. The woman responded favorably, proving herself to be very talented in drawing. In a short time, this patient had greatly improved in actions, behavior, and in personal appearance. She continued drawing and started other handwork. The result of this plea was the arrangement for the head nurse of the hospital to be sent to New York to study the possibilities of useful employment for female patients.

A little earlier than this, the hospital personnel saw the need for a recreational facility to be built. In 1904, both the Board of Directors and the Superintendent made this request (State Hospital at Morganton, 1905). According to Dr. Murphy,

> The room intended for a chapel, which had been used for years for an amusement hall, was abandoned for this purpose because it had become unsafe. An amusement hall is therefore required. This will cost about $5,000 (p. 13).

From the evidence gleaned from hospital reports, it is concluded that the chapel referred to was the "Asylum Hall," named as such in 1883. It is remembered that a recommendation for repairs to

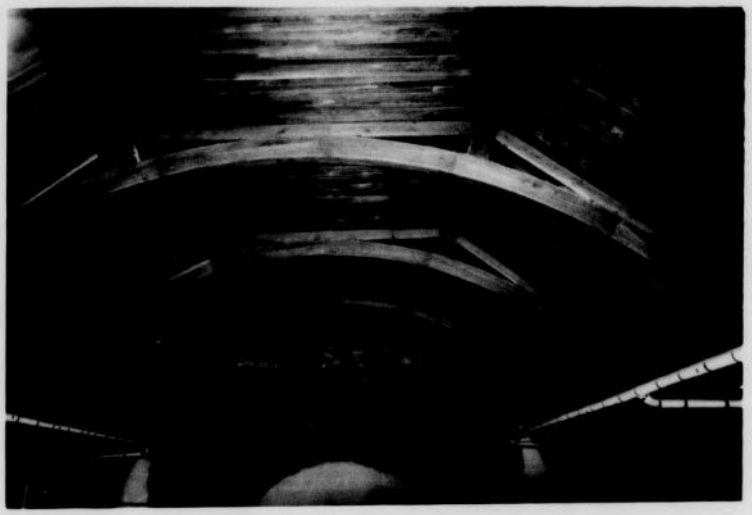


Figure 4. The remains of the chapel on the third floor of Center building.

Asylum Hall was postponed in 1885. No further mention had been made of the condition of the hall. Dr. E. H. E. Taylor verified the fact that the weekly dances were held in the chapel located on the third floor of Center building (personal communication, August 12, 1975). These facts and the lack of any further information have made possible the supposition that the chapel was the former "Asylum Hall." The formal name of the hall could possibly have been changed for the same reason that the name of the hospital was changed.

The General Assembly appropriated the $5,000 necessary for the construction of an amusement hall at their 1905 session (1905, Ch. 515). By the latter part of 1906, construction of the hall was well underway. Dr. John McCampbell, Acting Superintendent, felt that the building was well designed and would meet the needs of the hospital. He further stated that the chapel chairs had been replaced by pews and that the old chairs would be used in the new amusement hall (State Hospital at Morganton, 1907). Although this area of the Center building had been condemned, chapel services continued to be held there for a number of years after the amusement hall was built (Dr. E. Taylor, personal communication, August 12, 1975; W. Boyles, personal communication, January 2, 1976).

The Amusement Hall was opened for activity in the early part of 1907. It was located to the rear of the main building on the south side, female side, of the hospital grounds. It faced north, sitting in front of Scroggs Building. The building was

Figure 5. The Amusement Hall constructed in 1907 is more often referred to as the "Old Chapel."

capable of seating approximately 500 people. There was ample floor space for dancing. A stage was erected across the rear of the building. A movie projection booth was positioned in the center of the balcony above the main entrance to the building. This could be reached by a flight of stairs immediately to the left of the front entrance. Within the next four years, the amounts of $2,890.96, $1,574.21, and $292.48 were spent on the construction of the hall (State Hospital at Morganton, 1907, 1909, 1911).

There was no list found as to the specific recreational activities provided for the patients during the first seven years of the twentieth century. The superintendent's reports to the Board of Directors after 1908 mentioned such activities only sporadically and then without much detail. It was his reports to the Board of Public Charities of North Carolina from 1908 to 1920 that provided the most information as to the activities available at the State Hospital.

Dancing, games, walking, riding, reading, and baseball for men were listed as the recreational activities in 1908 and 1909. There were 500 books in the library which were widely used. It was reported that one-half of the patients at the hospital could read the books (North Carolina Board of Public Charities, 1909, 1910). A few books were added to the library in 1910 and 1912. Six to seven hundred volumes were reported in the library in 1913. The library was then kept by a patient and books were distributed weekly to the wards (North Carolina Board of Public Charities, 1911, 1912b, 1914).

Two new activities reported within these years were special arts and crafts for women and moving picture shows. Crafts were first mentioned in 1912 and 1913, but they were not taught to any great extent. Moving picture shows were added to the amusements in 1911 and continued for several years (North Carolina Board of Public Charities, 1911, 1912a, 1912b, 1914). These silent movies were shown in the Amusement Hall. Mr. J. H. O. Carter, Engineer for the hospital, operated the projector for the weekly films from 1911 until he left the hospital in 1920 (M. Little, personal communication, August 19, 1975). The sum of $324.45 was spent for this theatrical equipment in the fall of 1910 (State Hospital, 1906-1916).

The activities mentioned in the years 1912 through 1920, with the exception of 1917 for which there was no report, included dances, picture shows, band concerts, theatrical performances, baseball, bowling, billiards, pool, tennis, cards, checkers, music, reading of library books, newspapers and magazines, riding, and walking (North Carolina Board of Public Charities, 1912b, 1914, 1915, 1916, 1917; North Carolina State Board of Charities and Public Welfare, 1920).

The dances had by this time been changed to Thursday nights. Tennis was played on dirt courts available on the hospital grounds. The bowling alley was still standing in 1916. Mr. H. L. Riddle, pharmacist at the hospital from 1911 to 1916 enjoyed many hours of bowling at the facility. Patients and employees participated in the sport (H. Riddle, personal

communication, August 21, 1975). No information was found as to how long the bowling alley remained a part of the recreational facilities available to the patients.

In these latter years, the subject of supervision for these activities arose. For 1914, Dr. McCampbell indicated that occupation and recreation was used as a means of treatment, but neither was under any special supervision (North Carolina Board of Public Charities, 1915). In his 1916 report (North Carolina Board of Public Charities, 1917), the Superintendent said:

> Yes, effort is persistent in trying to get patients to occupy themselves. We have always had diversified occupation and arts and crafts to some extent, but now we have the last feature in charge of a special director, and hope to derive the utmost good therefrom. . . . We have no special building for arts and crafts. . . . No special recreation director (p. 17).

No record was found as to who this director was or his qualifications. It was also mentioned in 1920 that no recreational director was available (North Carolina State Board of Charities and Public Welfare, 1920).

The Superintendent's reports to the Board of Directors of the hospital for these years did bring to light some information on activities made available to the patients. Publishers of various newspapers donated copies of their papers to the hospital. Dr. McCampbell listed these newspapers in his 1910, 1912, and 1914 reports. It was found that the band concerts were provided by the Morganton Cornet Band. Also, the purchase of an automatic piano for the dances was made in 1915 (State Hospital at Morganton, 1906-1916).

The 1920's brought a few changes in the procedure for hospital reporting, especially for reporting recreational expenditures. The fiscal year for all state agencies was changed in 1921 from December first to July first (North Carolina General Assembly, 1921). Up until 1922, amusement and ministerial services expenditures for the hospital had been listed separately in the financial report. These two services were combined in the 1922 report to give one statement on expenditures listed under "Amusements, etc." (State Hospital at Morganton, 1922). As of the 1924 biennial report, the financial report was called "Combined Report on Audits" and used the term "recreational" instead of "amusement." The recreational and ministerial expenditures were combined under the new heading (State Hospital at Morganton, 1924). Again, in 1928 the method for reporting recreational expenditures was changed. It now was divided into three categories: supplies and materials, religious exercises, and personal comforts. The total expenditures for recreation were broken down into these three areas (State Hospital at Morganton, 1928).

The changes in reporting recreational expenditures were about the only attention given recreation during this decade. Theatre equipment was purchased in 1921 at a cost of $468.00 (State Hospital at Morganton, 1922). Movies were shown throughout the 1920's. Miss Leroy Bates, who was employed at the hospital from 1924 to 1974, remembered movies being shown on Saturday nights when she first came to work in 1924. Dances

were also being held at this time (Personal communication, August 19, 1975).

Reports on occupational therapy were made in 1922 and 1924. Such therapy was being applied to considerable extent. Its purpose was for diversion of the patients and for useful production of work. A building specific for its use was requested (State Hospital at Morganton, 1921-1935). The close relationship between this area of therapy and that of recreation will be more clearly seen in the 1940's.

The Depression in the 1930's had its effect on the state institutions. The financial curtailments necessary during this time forced the hospitals back into a more custodial means of operation (Governor's Commission, 1937). Recreation, as did other areas at the State Hospital at Morganton, suffered. The stopping of the picture shows and dances for the patients during the depression was not specifically recorded in any material studied, but a 1934 report recommended that they be started again when "conditions so permit" (State Hospital at Morganton, 1921-1935). Mr. W. H. Boyles, employed at the hospital since May 20, 1935, recalled that no dances or movies were held for patients throughout the latter half of the 1930's. An occasional dance was held for the employees (W. Boyles, personal communication, January 2, 1976).

Perhaps, as a result of the Depression, the state hospitals became filled to capacity and each had long waiting lists. Many ill people were confined in jails; a situation that had aroused

the first interest in state supported institutions for the insane. Also, the number of people being admitted and remaining in the institutions was increasing faster than the general population. It was under these circumstances that Governor J. C. B. Ehringhaus was authorized in 1935 to appoint a commission to study the care of the insane and mental defectives. This commission gave an extensive report to the General Assembly in 1937 (Governor's Commission, 1937). Within this study was a detailed description of the State Hospital at Morganton.

All aspects of the Morganton hospital were discussed in the study, including that of recreation. In describing the Amusement Hall, it was said:

> There is a projection booth but not modern picture apparatus. The stage has equipment for dramatic entertainment. At the present time, there are no dances for the patients because of the financial situation. The building is quite old and it is not suitable for sound motion pictures (p. 221).

No recreational activities were listed as being held. The limited nursing staff made it impossible to take the majority of patients out of doors, although there were five enclosed courtyards. It was also reported that there were no tennis courts, ball field, or gymnasium (Governor's Commission, 1937).

The Morganton hospital was again inspected in June, 1938. This time it was by its own leaders. A visiting committee made up of members of the Board of Directors toured the hospital. The only aspect of recreation that was mentioned was a lack of proper outdoor space for the patients. It was suggested to the Board that

the large open space between X and T wards, on the male side, be closed in with wire and that courts be enclosed on the female side of the hospital. These areas would allow outdoor exercise (State Hospital at Morganton, 1937-1939).

The Superintendent reported on the progress made toward these recommendations in October of the same year. The fence for the courtyard in front of the main building had been taken down and used to establish a court between the Amusement Hall and Ward 28. Other areas were to be constructed, but some that were to be connected to buildings had to wait until the fire-proofing project was completed (State Hospital at Morganton, 1937-1939).

Another aspect of recreation became of concern to the administrators at this time. The financial report for the two years ending June 30, 1938 estimated the recreational expenditures of the hospital for the years 1938-39, 1939-40, and 1940-41. Within the estimates for 1939-40 and 1940-41, a salary for a recreational director was given. The estimated salary was $900.00 for each year (State Hospital at Morganton, 1938). This indicated the interest of the hospital in obtaining personnel to work specifically in the recreation area. However, no recreation director was hired for these years and no estimations were made for a recreation director's salary in the next biennial report (State Hospital at Morganton, 1940).

In 1938, the hospital at Morganton began the advertisement for bids for the construction of some new buildings and fire-proofing and re-conditioning of several old buildings. The hospital

also applied for federal and state aid to assist in this undertaking. It was in anticipation of this work and the necessary evacuation of the main building that plumbing was put in the Amusement Hall. This building was to house patients during the new construction and repair at the hospital. A total amount of $1,374,017.00 was appropriated by the Federal Government and the State of North Carolina for this project (State Hospital at Morganton, 1937-1939).

This major construction and remodeling project at the hospital began in July, 1939 and was completed in July, 1940. It resulted directly in several changes being made at the institution and indirectly caused other important changes. The chapel on the third floor of Center building was converted into a ward. Chapel services were transferred to the "recreational building." The old laundry building, South, which was not fireproofed, was made into living quarters for the violent female patients. The old coal yard adjacent to this building was fenced in and used for outdoor recreation (State Hospital at Morganton, 1939-1941).

The usual routine of the hospital was severely disrupted during the year of reconstruction. Many phases of the hospital's operation were impaired or totally neglected. Recreation was one area that suffered greatly while the hospital was being remodeled. The Superintendent, Dr. F. B. Watkins, explained in his 1940 biennial report the recreational situation at the State Hospital (State Hospital at Morganton, 1940):

> Another matter that lies before us is to provide adequate entertainment for our patients. This is one

> feature of our hospital life that has for years been woefully neglected, and we hope that before another year has passed we can have the satisfaction of knowing that this condition has been greatly improved. Within a short time we hope to have our moving picture machine installed. This is the most expensive item in our proposed patient entertainment program, but many other forms of amusement, such as games, both indoor and outdoor, must be inaugurated (p. 7).

Going back to the Superintendent's report in April, 1939, Dr. Watkins explained the source of the money available for the modern movie projector. Several thousand dollars of unidentified money had collected over the years as a result of patients leaving small balances when they were discharged or passed away. This fund was supposed to escheat to the University of North Carolina. However, most of this money was given back to the hospital with the request that the money be used for recreational purposes, specifically for the purchase of a movie projector. This purchase was to be made when the recreation building was no longer needed to house patients and could be used again for its original purpose (State Hospital at Morganton, 1937-1939).

Even when the recreation building was emptied of patients in July, 1940, it still was not ready for movies and dances; activities which had been neglected for several years. It, like most of the other buildings of the hospital, was to be repaired and remodeled. It took the rest of that year to lay a new hardwood floor, paint, rewire, and do other repairs to the building. The standard theater-type moving picture equipment with complete sound and public address systems was purchased by October, 1940 and installed in the projection booth of the recreation building

by January, 1941. The building was equipped at a cost of approximately $800.00 from the Maintenance Fund with the movie equipment costing $2,900.00 from the escheat settlement. Several film companies donated their films for use by the hospital (State Hospital at Morganton, 1939-1941).

Something else was happening at the recreation building at this time. In October, 1940, it was reported (State Hospital at Morganton, 1939-1941);

> The rear of the hall is being fitted up for a library. The Hospital has long needed an adequate Library for its patients and we are now on the threshold of getting one. The institution itself will accumulate suitable books in various ways, and the Morganton Public Library, a very active and efficient organization, has agreed to establish in our Library a branch of their own. They will furnish as many of their own books, exchanging them from time to time with fresh books (sic).

A progress report on the library in January, 1941 stated (State Hospital at Morganton, 1939-1941): "The Hospital Library is now practically ready to be opened, and it will be available for our patients as soon as the cataloging of the books is completed." The library was operating by February, 1941 (Circulation Statistics, March, 1941). The Superintendent's report in July, 1941 to the Board of Directors stated that the library was steadily enlarging and was used by patients and employees. He gave the number of volumes as 3,046 (State Hospital at Morganton, 1939-1941). It was not made known which hospital personnel was in charge of the library.

It is interesting to note that the last report concerning reading as an activity and a direct mention of library books was

in 1920. No information was found on this subject until 1940. Mrs. Dorothy Barrier, employed in Occupational Therapy from 1948 to 1973, had reason to believe that the early library was located on the fourth floor of Center building (Personal communication, August 13, 1975). It is not known if any of the books from the early library were available and used in the new library which opened in 1941.

The remodeling project indirectly resulted in some important improvements and major changes in administration at the hospital. As has been mentioned, the day-to-day procedures at the hospital were severely altered during this year. It was reported (Memo to Dr. Watkins, n.d.): "It is nothing short of miraculous that we were able to get through these abnormal times of over-crowding, lack of help etc (sic) without some major disaster (p. 1)." It was of this period that a series of sixteen articles was written and printed in the "Greensboro Daily News" and the "Charlotte News" in the fall of 1941. Tom Jimison who had been a patient at the Morganton hospital from April 17, 1940 to May 8, 1941 wrote these articles criticizing all aspects of the hospital. The tremendous publicity caused by these articles resulted in Governor J. M. Broughton's appointment of a board of inquiry to investigate the conditions of the State Hospital (Board of Inquiry, Vol. 1, 1942).

The Board of Inquiry began their series of hearings on March 19, 1942. They heard the testimonies of a number of people associated with the hospital before and during 1939 and 1940; patients, employees, and administrators. Recreation was only one

of the many areas of the hospital that was under investigation. These facts about recreation were revealed through the hearings (Board of Inquiry, Vol. I & Vol. II, 1942).

1. Only a few wards had enclosed outside areas for recreation.
2. Many patients could never get outside because of lack of employees and lack of enclosed areas.
3. Mr. Will Walker, Engineer of the hospital, was in charge of operating the projector for the movies which were shown weekly, beginning in 1941.
4. Male and female patients did not sit together at the movies. Attendants took the patients to the recreation building for the activity.
5. There were a few softball games in the summertime. Those males on parole could participate, but they were usually at work.
6. Patients in some wards had access to a few games, such as checkers, cards, and poker.
7. Weekly dances were held on Saturday afternoons for patients after the recreation building was remodeled.
8. Patients were not allowed to dance together at their dances. They danced with the attendants.
9. The hospital employees had a weekly dance at the recreation building.
10. There were a few radios in some of the wards, but most of them belonged to the patients.

11. There was a library in the Center building in 1938. Attendants took books to their patients.

Several recommendations were made by the Board of Inquiry following their investigation of the allegations made against the hospital. Among these were (State Hospital at Morganton, 1941-1945):

1. Courtyards should be built.
2. The program of occupational therapy should be expanded.
3. A central, unified board of control should be established to control all state institutions.

Progress was made within the next two years toward improving the conditions found lacking at the hospital. Courtyards were built giving all buildings access to the outdoors. Two tennis courts and a volleyball court were built in the late spring of 1942. A park for female patients was established on the female side of the front grounds in the spring of 1943 (State Hospital at Morganton, 1941-1945).

The possibility of obtaining a recreational director for the hospital again became apparent when estimations for a director's salary was made for the years 1943-44 and 1944-45 (State Hospital at Morganton, 1942). The estimated yearly salary was $1,200. The difficulty in hiring a director was expressed by Superintendent J. R. Saunders in a report on October 15, 1943 (State Hospital at Morganton, 1937-1944).

> I have been attempting to obtain the services of a Recreational Director for the Hospital for the past

Figure 6. The courtyard between F#1 dining room and Ward Nine was the location of the two tennis courts and volleyball court built in 1942.

> two months, but the salary of $100.00 per month as allowed by the budget does not seem to be attractive enough. Seeing the need of a full-time chaplain for the hospital, I would like to suggest the combining of these two positions . . . .

Dr. Saunders mentioned in the same report another area of the hospital's operation that was of great interest to him.

> Another valuable and well-recognized form of treatment is occupational therapy, and I think it should be used on a much larger scale . . . . I would suggest that a competent occupational therapist be employed . . . .

Therapy through occupation had been existent at the hospital since its beginning. Administrators and hospital personnel through the years saw the positive benefits of keeping patients constructively occupied. A workshop for occupational therapy had begun by April, 1941 providing crocheting and rug weaving. Bedspread weaving was soon added to the activities available (State Hospital at Morganton, 1939-1941). No special funds were set aside for this program. The workshop, when first established, was located on the upper floor of Scroggs Building. It was moved to the Yates Building after the investigation of 1942 when this building was condemned for ward use (State Hospital at Morganton, 1941-1945).

The recommendation of the Board of Inquiry that a central board of control be established was acted upon in 1943. The North Carolina General Assembly (1943, Ch. 136) passed a law on February 18, 1943 establishing a 16 member Board of Control to govern the three state hospitals and Caswell Training School. Fifteen members of the Board were to be appointed by the Governor and the Secretary of the State Board of Health was to be an ex officio member. The North Carolina Hospitals Board of Control

was to employ a Superintendent of Mental Hygiene. Each institution was to have its own Executive Committee. This Board came into existence on July 16, 1943 (North Carolina Hospitals Board of Control, 1944).

One of the first actions of the North Carolina Hospitals Board of Control was to appoint a Committee on Improving the Care and Treatment of Patients. The Committee visited the institutions and submitted a list of recommendations to the Board on May 10, 1944. They saw the need for improvements and additions to both indoor and outdoor recreational facilities and to the occupational therapy workshops. It was also suggested that recreation directors be hired at each institution (North Carolina Hospital Board of Control, 1944).

Information was found concerning a recreation director at the State Hospital at Morganton in the 1940's. However, the various sources of information offered conflicting facts about the person. Personnel records indicate that Mr. B. L. D. Ezell held the position of Assistant Recreation Director from March 29, 1943 to October 3, 1946. Also, Mr. Ezell was listed as Recreation Director in the hospital's financial report for the year ending June 30, 1945. His stated salary was $1,170.00 with board value at $120.00. There was no salary statement made in the 1943 financial report, but "Salaries and Wages" for recreation in 1944 was listed at $643.76. There were, however, no names listed in the report (State Hospital at Morganton, 1943, 1944, 1945).

The conflict lies in the fact that no evidence was found indicating that Mr. Ezell actually worked in the area of recreation. In fact, an attempt by the hospital was made in 1945 to hire a recreation director. The minutes of a meeting of the Executive Committee on January 16, 1945 stated that the application of Ira B. Stafford for the position of Recreation Director had been presented to Dr. J. R. Saunders, the Superintendent of the hospital. Dr. Saunders recommended to the Board of Directors that he be hired (State Hospital at Morganton, 1941-1945). The employees of the hospital who were interviewed by this writer did not recall there being a recreation director in the 1940's. Miss Bates and Mr. Boyles, employed at the hospital during this time, accredited all recreational work to the Occupational Therapy Department which was established in 1945 (Personal communications, August 19, 1975; January 2, 1976). The annual report made by this department in 1947 (Fergerson) dealt extensively with recreation, but made no mention of Mr. Ezell. The report covered part of the period in which Mr. Ezell was to have been employed in recreation. Mrs. Dorothy Barrier, employed by the Occupational Therapy Department in 1947, credited the department with establishing an organized recreation program (Personal communication, August 13, 1975).

This writer could find no indication that a recreation program was established as early as 1943. No evidence was found showing that Mr. Ezell worked as recreation director. In fact, much evidence has indicated that there was no recreation director at the hospital in the 1940's. It is known that employees have

been hired under a personnel title different from their working title. It can only be an assumption that this is what happened in the case of B. L. D. Ezell. Personnel office records concerning Mr. Ezell cannot be denied. However, these records do not prove that Mr. Ezell actually worked in the position of Assistant Recreation Director.

It has been substantiated that recreation was handled by a newly organized department beginning in 1945. The Occupational Therapy Department was instituted at the Morganton State Hospital on August 1, 1945 (Fergerson, 1947). Miss Clarice M. Fergerson was hired as Director of Occupational Therapy on this date. The department began with a staff of six, including Miss Fergerson. These employees were listed as Occupational Therapy Aides for personnel purposes, but two of them, Mr. Herman Willis and Mr. William Grady, worked as recreators (Fergerson, 1947).

The goal of the Occupational Therapy Department was (Fergerson, 1947) "Constructive activity, (sic) for each patient within the individual's mental and physical capabilities (p. 1)." The Department offered three major units of activity. The Training School was comprised of three sewing rooms, a cutting and fitting room, two typing rooms, two art rooms, a warping and bobbin room, and an area for weaving containing six four-harness looms. The Beauty Shop provided sufficient space and equipment for the learning of hairdressing skills. The Music Studio contained a studio and three practice rooms. These units with their workshops opened on October 7, 1946 in the Yates Building. This

was the location of the former Weave Shop, but was remodeled to fit the needs of the Occupational Therapy Department (Fergerson, 1947).

This department had other responsibilities as well. The patients' library and all aspects of recreation were under the supervision of occupational therapy. In Miss Fergerson's report for the fiscal year 1946-1947, she reported on the progress of these areas of activity (1947).

> At the present time the first floor of Yates Building is in the process of remodeling for the Library (sic). The present location of the Library is needed for dramatics. It is poorly located for the library needs of the hospital. The new Library as planned will give adequate space for the books and magazines, seven reading rooms, two book repair rooms and office for the librarian.
>
> The Athletic Field was excavated and sodded although unfinished, (sic) is being used daily for ball games, callisthenics (sic) and a variety of games by both men and women's groups. This Field will give the opportunity for Field Days and picnics for all patients including those unable to participate; enjoyment will be gained from being a spectator.
>
> The Movie Projector has been a source of enjoyment to all patients in the hospital, particularly for those who cannot leave the ward. It has been interesting to note that attention is focused on a film when it is impossible to gain attention in other activities.
>
> A new Concert Grand Piano was purchased for the department and is in the Amusement Hall. It is used at all Chapel services, and for all other occasions when the Amusement Hall is used.
>
> This equipment has aided in making possible a variety of activities for all types of patients, and has created an incentive for participation by the patient (p. 3).

The individual units of occupational therapy as described in Miss Fergerson's annual report indicated the specific types of activities in which patients were involved. The sewing division

of the Training School made costumes and choir robes among other articles. The art division made Christmas decorations for wards and stage properties. Music activities included singing in the Chapel choir, Christmas caroling, and Easter caroling.

> Music has been taken to all the wards of the hospital, and the opportunity for participation has been given to a large group of patients. Since the transfer of the Music Director to Camp Sutton, we have carried on through the Recreational Therapy Department to the best of our ability (p. 5).

Participation in music was reported separately for male and female patients.

The recreation report was also separate for males and females. The patients participated in courtyard and playground activities, walking, and ward games and entertainment.

> The development of the Recreational Therapy Department is shown by the patients entering into activities with spontaneity and initiative. The active group of patients are now playing organized games, the chronic group are playing in groups, and the continued treatment cases require individual attention. The Recreational Department has sponsored the monthly dances. The Church circles have been assistedd (sic) in their entertainment on the wards. The Christmas and Easter Carols have been in charge of the Recreational Department. The weekly choir practice and chapel services have been conducted by this department. A Valentine pageant was presented with 14 patients in costume (p. 5).

> The male Recreational therapy program was instituted this fiscal year . . . . Progress has been shown and there is the beginning of interest in participation by many patients (p. 7).

Gathering produce on the farm was considered part of recreational therapy. Reports were made for women and men separately. Women also "received treatments" by working in the cannery. A total patient participation count in music, recreation and work on the farm was given in the report.

From this report is gleaned a number of recreational activities that were available for patients. Mrs. Dorothy Barrier and Mrs. John S. McKee, Jr., former employees in Occupational Therapy, sustantiated the existence of these activities which were continually offered for the patients. There were seven occupational therapy aides in the department when Mrs. Barrier started work on May 15, 1948. These employees were responsible for making the various activities available. An annual Easter program and Nativity program were presented with large numbers of patients participating. Puppet shows were given. Courtyard activities consisted of volleyball, baseball, basketball, and ball passing games. Patients were taken on walks over the hospital grounds. Patient dances were held for some time on Friday afternoons while one afternoon a week was used for dance practice. Exhibitions by square dance groups were given with Will Grady calling the dances. Mrs. McKee was influential in getting the dances changed to Friday night. This made it possible for more patients to attend (D. Barrier, personal communications, August 13, 1975, October 3, 1975; B. McKee, personal communication, October 3, 1975).

Movies were shown weekly. J. D. Ragan, an attendant at the hospital, became the projectionist for the movies in 1948. Clarence Perdue later assisted Mr. Ragan. Until 1953, there was only one projector. Each film was four reels in length so there was an intermission between reels while the projectionist threaded the machine. A second projector was purchased in 1953 (J. Ragan, personal communication, June 21, 1973).

Mrs. John S. McKee, Jr., began work in the Occupational Therapy Department on November 22, 1948. It was at this time that the Good Will Store of High Point, North Carolina installed a two-way radio in the Center Building of the Hospital. It was donated to the hospital by the Amos family of High Point. Speakers were installed on all the wards and the radio could be used to play the local radio station programs or a selection of records to the patients. Mrs. McKee operated this radio system for a few hours each day. Attendants on the wards called in record requests for their patients, their favorites being the old fashioned hymns. Care was taken in choosing radio programs to be aired as some seemed to upset the patients.

Other activities which Mrs. McKee directed were various singing groups and instrumental groups. These developed into an Amateur night every other Friday night, in connection with the dances. Mrs. McKee also worked in the patients' library a great deal before she left the Occupational Therapy Department when her husband became superintendent of the hospital on April 1, 1949 (B. McKee, personal communication, October 3, 1975).

At one time, two male patients worked with Miss Fergerson in sponsoring an occupational therapy program for the male population of the hospital (D. Barrier, personal communication, August 13, 1975). Unfortunately, a majority of the activities were geared only to the female patients. This was because most of the department employees were female and could not go on male wards without being escorted by a male employee. As had been

noted, the male recreation program got a much later start than did that for females. For the most part, all activities for the two groups were separated.

Patients were taken to the farm to work by the occupational therapy employees until approximately 1953. At this time, thorazine began to be administered to patients as a medical treatment. The patients taking this medication were not able to spend time in the sun (D. Barrier, personal communication, August 13, 1975).

The library was under the supervision of Mrs. Gussie Barrier when Mrs. Dorothy Barrier was hired in 1948, but at one time it had been operated by a male patient. The library was located in Yates Building. It was under Mrs. McKee's supervision that the books were classified and cataloged and the library put into a more organized fashion. Mrs. Mary Hursh, a former missionary, worked in the library from March 1, 1949 until June 30, 1951. She was the first "full-time" librarian. Other employees had taken on additional duties in the department along with the work of the library (D. Barrier, personal communication, August 13, 1975; B. McKee, personal communication, October 3, 1975).

Mrs. Dorothy Barrier, as an occupational therapy employee, took books and magazines to the wards under Mrs. Hursh's reign as librarian. She worked as librarian when Mrs. Hursh resigned and held that position until Mrs. Sarah Merriell, the present librarian, was hired in 1951. None of the employees who have worked in the library were certified librarians (D. Barrier, personal communication, August 13, 1975).

The inspection of the North Carolina state hospitals in June, 1950 by the American Psychiatric Association provided more information about the relatively new Occupational Therapy Department at the State Hospital at Morganton. The Inspection Board surveyed the department and made recommendations for improvements (Central Inspection Board, 1950).

There were twelve occupational therapy aides assisting the registered occupational therapist at the time of inspection in 1950. The program was only available to women. Recommendations included: (a) increasing the number of employees in the department, (b) developing the program for male patients, (c) referral of patients to the programs by a physician, and (d) relieving the occupational therapy director of the responsibilities of the patients' library and recreational activities.

As has been indicated, recreational activities were directed by the Occupational Therapy Department. The athletic field had not been completely developed although work on it started in the fiscal year 1946-1947. A playground surrounded by a picket fence, tennis courts, and courtyards were facilities available for use by the patients. A central radio system providing broadcasts and record programs and weekly movies and dances were among the activities directed by the department. Movies were shown on approximately 30 wards a week using a portable movie projector. This provided entertainment for more than half the hospital population. Some indoor games were also available. Musical activities were usually directed by an employee with knowledge

in the field, but at the time of the report no such person was available. The choir had continued its activities, but no musical entertainments were provided. Occasionally, some physical education activities such as calisthenics were conducted (Central Inspection Board, 1950).

There were several recommendations by the Inspection Board with respect to hospital recreation (1950);

1. A separate recreation department with a recreation director should be formed.
2. A physical training instructor and music therapist should be added to the personnel quota.
3. A Recreation Center should be provided.
4. Recreation activities should be expanded to include supervised outdoor games and games for restricted patients.
5. Weekly recreation programs should be announced.
6. Volunteer workers should be used in the department.
7. Regular records and reports should be made by the recreation department.

The Central Inspection Board also reported on the patients' library at the Morganton hospital. The librarian, Mrs. Hursh, had the assistance of three patients in managing the library. Approximately 3,500 books were available along with 36 current magazines and 5 newspapers. Books and magazines were donated to the hospital by interested groups and individuals. The library was used to show movies to small groups and for story hours and

puppet shows. The budget for the library was $500.00 a year. It was recommended that the library be situated in the suggested Recreation Center. It was suggested that the position of librarian be put on the personnel listing as librarian instead of occupational therapy worker. Two other recommendations were to have book carts visit the wards and to establish branch libraries in various hospital buildings (1950).

Thus, the Occupational Therapy Department planned and conducted occupational therapy, recreational, and musical activities as well as operated the library. This continued until 1953. Although one department handled all of these activities, the annual financial report was separate for recreation and occupational therapy. The financial expenditures for recreation at the hospital were handled through two sources. The Maintenance Fund was part of the hospital's allotted budget from the State. The recreational expenditures under this fund were divided into three categories as has been stated earlier. In 1944, "Salaries and Wages" was added as a fourth category. In 1949, the category of "Religious Exercises" was removed from recreational expenditures (State Hospital at Morganton, 1944, 1949). It was at this time that the hospital obtained a Chaplain for full-time service. Reverend Albert W. Lippard became Chaplain on March 15, 1949.

Another valuable source of finances for recreation was the Recreation Account which was made up of portions of money from the Patients' Fund and Commissary Fund. It was into the Patients' Fund that unidentified monies were deposited. The first recorded account

found of the fund was in the 1943 report on audits (State Hospital at Morganton, 1943). However, it is recalled that unidentified money was used to purchase a movie projector in 1940. The Commissary Fund came from the proceeds of the hospital commissary. Neither fund was under budgetary control by the state (State Hospital at Morganton, 1947). The Recreation Account was used to purchase recreational supplies and equipment. From this fund each year the motion picture operator was paid and radios were purchased and kept in repair. Albums, records, books, magazines, newspapers, playing cards, athletic equipment and supplies, and movie equipment were purchased. Some other specific items obtained within the years 1948 to 1953 (State Hospital at Morganton) included maintenance and repair to the public address system in the gym, the purchase of stage curtains and shades, basketball uniforms, a projector, and beginning in 1951, the purchase and repair of television sets. Christmas party expenses were also handled through the Recreation Account. This source of money continued to be available for recreational use through 1973 (State Hospital at Morganton, 1954, 1955, 1956, 1957, 1958; Broughton Hospital, 1959, 1960, 1961, 1963, 1966, 1968, 1969, 1971; I. Warrick, personal communication, April 14, 1976).

Summary

Recreation at the Morganton hospital showed promise of growth in the very early 1900's. A recreation building was constructed and a bowling alley, golf area, and tennis courts were

other facilities available for a period of time. Several new activities were initiated. The hospital administration was aware of the fact that there was no designated personnel in charge of recreation. However, the same problems that hindered the growth of recreation as an integral part of hospital care in the latter 1800's were evidenced and were intensified by several national crises. The depression, World War I, and World War II were factors in the lack of adequate hospital personnel, the decrease of funds available for the operation of the hospital, and the increase of the patient population. For the most part, the hospital personnel were temporary and untrained. The ward personnel, or attendants, were responsible for conducting programs such as recreation in addition to caring for the basic needs of the patients. The constant turnover in staff made it difficult to continue any program established. The financial and staff situation was especially difficult through the depression years and most recreational activities were stopped.

The resident population at the State Hospital at Morganton steadily increased from 1900 through the 1940's. The average patient population for the years 1910, 1920, and 1930 was 1,224, 1,489, and 1,893 respectively. By 1943, the hospital was caring for an average of 2,625 patients (Saunders, 1943). There were some adjustments made in the types of patients admitted to the hospital. In 1909, the North Carolina General Assembly ordered that epileptic patients be sent to the State Hospital at Raleigh for special care and treatment. As of 1897, the criminally insane

had been sent to a special ward of the state prison in Raleigh, but after 1923, these patients were admitted to the Raleigh hospital. After 1921, all white inebriates or alcoholics were received at the Raleigh hospital (North Carolina General Assembly, 1897, Ch. 520; 1909, Ch. 910; 1921, Ch. 156; 1923, Ch. 165). The action taken by the state was an attempt to provide better care for the special populations within the mental institutions. The transfers relieved the Morganton hospital of the responsibility to provide services for the select groups. Although the overall patient population continued to increase, the hospital programs, including that of recreation, had to deal with fewer types of illnesses and disorders among the patients they served.

The growing concern of the state toward the mentally ill became apparent with the several investigations of the hospital system, all of which revealed the need for more adequate recreational programs. The most outstanding of which concerned the State Hospital at Morganton was the Board of Inquiry investigation of 1942 following the series of newspaper articles written by a former patient. The irony of the situation is the fact that the time span for which the articles were written covered the period in which the hospital was attempting to improve its conditions through major reconstruction and fireproofing. At any rate, the improvements made following the investigation may, otherwise, have never occurred had the articles criticizing the hospital not been written. Specific to recreation, improvements included additional areas for activity (which remained for only a short period of time) and the

establishment of the Occupational Therapy Department whose staff was made responsible for conducting a recreation program. The latter action taken is a carry over of the long held belief that recreation and work were but one and the same. The same benefits were seen as being obtained from the two types of activities.

Chapter V

The First Recreation Department

Even with the establishment of organized recreation programs in state hospitals, it took several years for recreation to be seen and treated as a therapy in its own right. These recreation services developed in an institutional atmosphere of orderly management and adjustment. The role of recreation was seen as one of entertainment and diversion. Recreation was needed to help meet the physical and social needs of the patient and help him adjust to institutional confinement (Meyer, 1972).

By the 1950's, college programs to train recreation personnel for work in medical settings had developed. Yet, there were very few qualified recreation specialists available when the state institutions began hiring recreation personnel. The few qualified recreators were mostly found in YMCA and Civil Service employment where salaries were much higher than could be offered by the State. It was the physical education major, the professional and amateur athlete and coach who were often hired to conduct state hospital recreation programs (J. Biggerstaff, personal communication, December 29, 1975).

A Recreation Director

The Recreation Department at the State Hospital at Morganton came into existence on June 1, 1953, when Jack F.

Biggerstaff was hired as Recreation Director. Mr. Biggerstaff, known to many as "Pick," was born in Rutherford County, North Carolina. He graduated from Cliffside High School and attended Gardner Webb College for a short time. He then became a professional athlete in the sports of football, baseball, and basketball. Later, Mr. Biggerstaff settled into a career with baseball, dropping the other two sports. Being a professional athlete made it hard to find temporary employment between seasons. Mr. Biggerstaff worked at several odd jobs before being hired in January, 1949, as an attendant at the State Hospital at Morganton. He was able to obtain this position by not providing the information that he was a professional athlete with other commitments. His employment lasted two and one-half months, but he returned to the hospital in October, 1949, to work on the farm and again for a short period in 1950 to work in the Engineering Department (J. Biggerstaff, personal communication, December 29, 1975).

It was during his employment as an attendant in 1949 that Jack Biggerstaff became interested in recreation at the hospital. The need for an organized recreation program with personnel to plan and conduct activities for the patients became very evident to him. Wanting a job in recreation, Mr. Biggerstaff became very influential in getting the hospital to secure positions in recreation and establish a recreation department. This, however, took four and one-half years. In the meantime, Mr. Biggerstaff directed a recreation program for the NCO while serving in the U. S. Army, took several courses in recreation, and became a

professional square dance caller. He spent the first month of employment as Recreation Director at Caswell Training School in Yanceyville, North Carolina, understudying Jessie Lamb, the Recreation Director who held a degree in recreation. On becoming Recreation Director for the Morganton State Hospital in 1953, Mr. Biggerstaff's annual salary was $4,200 (J. Biggerstaff, personal communication, July 21, 1973; December 29, 1975).

Recreational Activities

According to Mr. Biggerstaff, the first one and one-half years of his employment in the Recreation Department was mass confusion. He inherited all of the recreational activities previously conducted by the Occupational Therapy Department. The two departments, however, worked closely together in providing the numerous activities for the patients. The OT aides had a choice of transferring to the Recreation Department or remaining in Occupational Therapy. With the two aides who transferred and the three positions made available from the personnel quota, there were five staff members under Mr. Biggerstaff's direction in 1953 (J. Biggerstaff, personal communication, June 21, 1973; December 29, 1975).

The first task for Mr. Biggerstaff was to get to know the patients. He and his staff went to wards and courtyards taking brightly colored beach balls. They worked with a large group of patients at one time, trying to involve all of them in activity. At first, as many as 500 patients in a group were taken out for walks or activities on the softball field. The patient-employee

ratio was gradually reduced. As there were only two open wards in 1953, the patients took advantage of this opportunity to get outside (J. Biggerstaff, personal communication, June 21, 1973; R. Hastings, personal communication, June 25, 1973).

The first annual recreation budget, including monies from the Recreation Account, was insufficient for all the recreational needs. Supplies such as basketballs, tether balls, softballs, volleyballs, table games, puzzles, and cards were purchased for the patients' use. Yoyos were donated by the Duncan Yo Yo Company. An early accomplishment was basketball goals, one portable goal for the stage end of the Recreation Hall and a stationary one at the front end of the building. A miniature golf course was built in the summer of 1954 behind R Ward. A great deal of work was done to the athletic field, making it more usable for softball and other activities. The radio program begun by the Occupational Therapy Department was continued with the best all-time record request being "Shake, Rattle, and Roll."

Many other activities initiated by the Occupational Therapy Department were continued under the new directorship. The weekly movies and dances for the patients at the hospital continued as did the employees' dances. The male and female patients were still separated for their social events. On one particular Friday night, Mr. Biggerstaff tried something different. He had all the chairs put on one side of the gymnasium for the dance. This change caused havoc among the attendants and the patients continued to separate themselves. It took several years for this new idea to

take effect. Not until 1961, when the Department moved to new headquarters, did the male and female patients sit together at these activities.

Square dance practice sessions were held in the wards. These were often held twice a week. Many patients participated and groups often put on exhibitions of square and round dancing for touring groups, visitors, and special programs (J. Biggerstaff, personal communication, June 21, 1973; R. Hastings, personal communication, June 25, 1973).

Monthly birthday parties, which had begun under the direction of Miss Fergerson, continued to be well received by the patients. The parties, held in the Recreation Hall, honored those patients who had birthdays during the month. Picnics, watermelon slicings, and ice cream makings were held for the wards on a rotating basis so that each ward could be included. The Recreation Department conducted the social activities while the ward attendants and Dietary Department assisted with refreshments.

Special events for the patients were expanded and developed by the Recreation Department. A Halloween party, Christmas programs and caroling, New Year's Eve dance, Valentine's dance, and Easter activities were held annually. The Christmas Nativity Program each year became quite elaborate and was very successful. Costumes and stage properties were made by the Occupational Therapy Department. Many patients participated in the program which eventually was presented three nights; two nights for the patients and one night for the public (J. Biggerstaff, personal

communication, December 29, 1975; D. Barrier, personal communication, August 13, 1975).

In addition to the activities inherited from the Occupational Therapy Department, new activities and programs were developed. Monthly bingo parties sponsored by the Ladies Auxiliary of the Table Rock Post of the V.F.W. were begun in mid-1954. These parties were held in a different ward each month with the assistance of the Recreation Department (State Hospital at Morganton, December, 1956). A group of talented patients and employees were organized into a musical band called the "Tar Heel Ramblers." They were first organized in 1956, but the steady turnover in patients resulted in members being continually dropped from and added to the band. The Ramblers did stay in existence for several years and supplied music for the weekly dances and special events (State Hospital at Morganton, February, 1957, March 1957; J. Biggerstaff, personal communication, December 29, 1975).

A monthly newsletter on the activities of the hospital began to be printed in the early months of 1956. It was entitled "News and Views." Two psychologists of the hospital were the first editors of this paper (State Hospital at Morganton, October, 1956). Later, the Recreation Department took complete charge of the publication with Margaret Carswell, recreation aide, becoming editor (State Hospital at Morganton, May, 1958). The paper contained articles from doctors and psychiatrists of the hospital, reports from the wards, and reports of activities of the Recreation

Department and other departments of the hospital. The newsletter continued to be printed through 1968.

Beginning in September, 1956, the Occupational Therapy and Recreation Departments began broadcasting a program of organ music throughout the hospital. This request program originated from the Recreation Hall. Two organist patients were available to play any request called in. The requests varied, ranging from classical music to rock and roll. The broadcast was each Monday, Wednesday, and Friday from 1:30 to 2:45 p.m. Mr. Biggerstaff assisted as announcer for the program; but, for the most part, patients were used as reporters and newscasters (State Hospital at Morganton, October, 1956; J. Biggerstaff, personal communication, December 29, 1975).

Music therapy sessions for patients began in May, 1957. These were conducted by Alyce Ramsey, music therapist, each Wednesday morning in Jones Building. Mrs. Ruth Hastings and Danny Puckett of the Recreation Department assisted in getting patients from the wards to these sessions (State Hospital at Morganton, March, 1958). These sessions were increased to three mornings a week by 1959 (Broughton Hospital, October, 1959).

Other musical activities conducted regularly were choir practice, Sunday Chapel Choir participation, and the seasonal Easter and Christmas caroling. Music Therapy was under the supervision of the Occupational Therapy Department, although the Recreation Department assisted in this area. The Recreation employees helped in getting patients involved in and to the music activities.

These two departments also worked together in making the library facilities accessible to the patients. Mrs. Sarah Merriell was hired as librarian through the Occupational Therapy Department on July 2, 1951 and still holds that position today. Both department personnel took patients from the wards to the library on a regular basis. Through the 1950's, a large number of books were collected; most of them donated (S. Merriell, personal communication, July 30, 1975). A complete series of books called "Family Library" was obtained. The series contained 148 separate books. According to all reports, these books, as well as the many others, were greatly enjoyed by the patients (D. Barrier, personal communication, October 3, 1975).

A weekly recreational program began in November, 1956 for the female patients from Harper Building. While 108 patients went to the Recreation Hall once a week for activities, 14 patients went twice a week. They chose their own activities from those available: bowling, basketball, horseshoes, checkers, puzzles, and cards (State Hospital at Morganton, November, 1956, March, 1957). These patients were regressed and untidy. Mrs. Dorothy Barrier recalled working with one or two of these patients at a time in a concentrated effort to improve their condition (personal communication, August 13, 1975). An interested citizen of Morganton sponsored special parties for this group beginning in March, 1957 (State Hospital at Morganton, April, 1957). The Occupational Therapy Department planned and organized a choral group called "Harper Building Choral Group" and obtained a piano for the

building. As a result of this prolonged interest and effort, Ward 18 became an open ward on April 26, 1957 (State Hospital at Morganton, June, 1957).

The Hospital's Board of Control was influential in having the State Hospital hold an annual Open House. They began in 1955. The Recreation Department at the Morganton Hospital served as guides and hosts for this spring event. Various activities and games were made available to patients and guests. Displays of handiwork and crafts made by the patients were available for viewing. It was at the Open House in 1957 that handmade articles made by the female patients on Wards 36 and 37 were sold (State Hospital at Morganton, June, 1957). The selling of articles made by patients was another carefully planned idea of Mr. Biggerstaff's. This resulted in bazaars being held annually. The proceeds from the selling of hospital-made arts and crafts were used to buy supplies and articles needed to make other items (D. Barrier, personal communication, August 13, 1975). Mr. Biggerstaff saw the Bazaars and Open Houses as a way to advertise the help and money needed by the department and the hospital (J. Biggerstaff, personal communication, December 29, 1975).

Another project begun by the Recreation Department in conjunction with Reverend Lippard, Chaplain of the hospital, was the Christmas Cheer Fund. The idea was developed sometime during 1956 (State Hospital at Morganton, 1957). It was decided that a portion of the money from the Recreation Account of the Patients' Fund would be used to provide Christmas gifts for those

patients remaining at the institution during the Christmas season. Soon Mr. Biggerstaff had outside groups, such as County Mental Health Associations, contributing personal articles and clothing to be used as gifts. A Santa Claus distributed the gift-wrapped packages individually to the patients. By 1962, five Santa Clauses were needed to distribute gifts (State Hospital at Morganton, 1957; J. Biggerstaff, personal communication, December 29, 1975).

A project that Mr. Biggerstaff considered to be of the greatest benefit to patients was the Clothing Bank. This idea developed from the belief that patients would take more personal pride in themselves if they were able to wear their own personal clothing instead of the standard hospital clothing. Contacts with several agencies in Morganton and surrounding towns led to donations being made to the hospital. Belk supplied discarded patterns, Doncaster of Rutherfordton sent buttons, and Stonecutter and Spindale Mills of Spindale, and Dover Mills of Shelby donated material. Patients that sewed made outfits of their own choosing from the patterns available. The only stipulation was that they make a certain number of the same outfit for the Clothing Bank. Various sizes of these outfits were thus acquired. Other patients could then come and shop. The theory behind the project proved true. Patients in general took more pride in their appearance and hygiene (J. Biggerstaff, personal communication, December 29, 1975).

The Recreation Department was able to obtain an activity bus in 1958. This allowed the department to expand their program. The bus was used extensively for taking patients on trips to local points of interest, such as Lake James, and to local activities and programs occurring off the hospital grounds. Examples of off-campus activities which patients attended were plays at Morganton High School (State Hospital at Morganton, May, 1958), a dance festival at the high school (State Hospital at Morganton, July, 1958), and the Burke County Fair (Broughton Hospital, September, 1959). Swimming for patients began in the late spring of 1959. The facilities at the North Carolina School for the Deaf in Morganton were made available to the hospital (State Hospital at Morganton, June, 1959). Swim suits were donated by several merchants in Morganton (J. Biggerstaff, personal communication, June 21, 1973). This activity was made possible because transportation was available through the Recreation Department itself. Swimming for patients continued for several summers.

Being an avid sportsman, Mr. Biggerstaff was instrumental in the organization of employee softball, volleyball, and basketball teams. Sports' competition with outside groups and organizations was one medium for promoting the interests of the State Hospital. Also, Mr. Biggerstaff believed that the interest and participation by the employees in these sports would give the patients incentive to become more active. He felt that passive recreation could be developed into a desire for active recreation.

A male employee's softball team was actually first organized in 1947 by Ed Greer, who was Personnel Officer for the hospital.

The team had several very successful years before Jack Biggerstaff arrived. They were county champions for a number of years. The male employees' volleyball team became active in 1958 under Mr. Biggerstaff's direction. They, too, had excellent seasons such as in 1960 when they were undefeated county conference champions.

Male and female basketball teams were organized in the fall of 1953. These State Hospital employees' teams had several successful seasons. The girls' team won the Burke County championship for five straight years beginning with the 1955-56 season and were NBA champions in the 1958-59 season. The male employees' basketball team was not as successful but were often in the playoffs (J. Biggerstaff, personal communication, December 29, 1975; State Hospital at Morganton, December, 1956, April, 1959; Broughton Hospital, March, 1960, August, 1960, April, 1961).

Many sports activities and recreational games were conducted by the Recreation Department for the patients. For the most part, only low organized and co-ed activities were offered the first year. By the summer of 1954, Mr. Biggerstaff realized that more highly structured games and activities were needed. A sports' intramural program was started with tournaments being held in checkers, horseshoes, softball, volleyball, and basketball. The different hospital wards and buildings competed. This program was very successful for a number of years. Highly organized activities had a definite part in the program, but they did not dominate. Low organized activities were continuously made available to the patients (J. Biggerstaff, personal communication, June 21, 1973).

Mr. Biggerstaff was very influential in getting various outside organizations and groups active within the hospital. He found clubs and organizations willing to volunteer and donate time, services, and materials to the hospital for the benefit of the patients. Several groups have been mentioned. A few church circles were meeting with patients in 1953 when Mr. Biggerstaff became Recreation Director. The number greatly increased through his efforts. The Gray Ladies volunteered many hours of their time to help the hospital (State Hospital at Morganton, May, 1958). When Mr. Biggerstaff left the hospital in 1963, 37 church circles, 250 Gray Ladies, and the VWF were regularly visiting the hospital (J. Biggerstaff, personal communication, June 21, 1973).

Two particularly interested organizations proved to be the Charlotte-Mecklenburg County Mental Health Association and the WBTV network of Charlotte, North Carolina. The Vice-President of this association met with Mr. Biggerstaff in 1958 to set up plans for conducting a series of monthly programs at the hospital. The two parties co-sponsored the programs (J. Biggerstaff, personal communication, December 29, 1975). The first performance was by Arthur Smith and the Crackerjacks on April 21, 1958. The program on May, 1958 was wrestling matches and the next month C. Shaw Smith, a magician, performed. The series of programs lasted for approximately two years providing a number of varied performances for the patients (State Hospital at Morganton, May, 1958, June, 1958, July, 1958).

Recreation Personnel

Of considerable concern to Mr. Biggerstaff was the knowledge of recreation shown by his recreation staff. He continuously held inservice training sessions for his employees. The wards of the hospital were closed from 11:00 a.m. to 1:00 p. m. each day. The recreators spent this time aside from lunch in inservice training programs. Mr. Biggerstaff taught his staff every recreational game and activity he knew. All games and activities presented in these sessions were recorded for future reference in a booklet called "Finger Tipper" (J. Biggerstaff, personal communication, June 21, 1973).

An example of other instructional programs attended by the recreation staff was a Social Recreation Institute held at the hospital in 1956 and 1957. These two programs were sponsored by the National Recreation Association and the North Carolina Recreation Society. Ms. Virginia Gregory of New York conducted the Institute in 1956 and Mrs. Ruth Ehlers, also of New York, was the instructor in 1957. Many local recreation groups and organizations as well as the Occupational Therapy and Recreation staff of the hospital took part in the workshops. The recreation staff attended various other recreation conferences and conventions throughout the years under the direction of Jack Biggerstaff (State Hospital at Morganton, March, 1957; J. Biggerstaff, personal communication, December 29, 1975).

The initial staff of the Recreation Department in 1953 included one director and five recreation aides. By 1957, there

were nine aides employed in the department. The duties of the staff were to carry out the activities planned by the department and to involve as many patients as possible in these activities. They made weekly reports of their work to the director (M. Carswell, personal communication, June 26, 1973). The program was centralized, with staff members working in the areas of their best talents and interests. As evening activities were scheduled, the employees were usually required to work two nights a week. All employees were required to be present at the Friday night dances (J. Biggerstaff, personal communication, December 29, 1975).

Mr. Biggerstaff described his duties as Recreation Director in a job classification questionnaire (1956). Administrative duties consisted of:

> Program planning for all patients, buying equipment, maintenance of playgrounds and equipment, keeping patients' files in order, working with volunteer groups. Assigning employees to duties, planning with other staff members a program to meet their needs. Research and evaluating of entire program. Planning an inservice training program for recreation employees. Ordering films, 35 mm for patients' movies; also 16 mm for mental health promotion program for hospital personnel. Supervise all playground activities, all indoor activities (recreation nature) (p. 1).

Other duties as stated by Mr. Biggerstaff were:

> Directing dramatics, dance instructions (folk, round, square mixers, polka, quadrilles). Calling square dances. Host at parties . . . M. C. at special events; such as Halloween parties, variety shows, Thanksgiving celebrations, field events, etc., ... Going to wards to encourage patients to take part in Recreation Therapy (p. 1).

Recreation as Therapy

Recreation received a new image as of the fiscal year ending June 30, 1957. However, this image seemed to go almost unnoticed. From 1943 to 1956, the annual Report on Audits listed recreation under "Custodial Care" in giving the statement of receipts and disbursements. In 1957, recreation became a "therapy" and was listed under "Professional Care and Treatment" in the audit reports (State Hospital at Morganton, 1957). On the other hand, Occupational Therapy, since its beginning in 1945, was considered a "therapy" and was listed in the Report on Audits under "Professional Care and Treatment." It took four years after its development in 1953 for the Recreation Department to reach the same status. Also, it was much later that the term "therapy" was used to any extent in connection with recreation at the hospital.

The construction of a new combination Recreation Therapy-Occupational Therapy building was started in 1958. The total of $290,000.00 was appropriated for the building and $10,000.00 was made available for equipment (State Hospital at Morganton, 1958). It was located on the site of the old Nurses' Home on the front grounds. Jack Biggerstaff did the planning for the new RT-OT Building. His plans included a swimming pool, but the finished building did not have this facility. The building was completed and opened for use in April, 1961 (J. Biggerstaff, personal communication, June 21, 1973).

The new building was located on a hillside facing the main part of the hospital. It had two floors with the main

Figure 7. The Recreation Therapy-Occupational Therapy Building.

entrance being on the top floor. The top floor contained the patients' library and office space to the right of the entrance. A balcony overlooking the gymnasium and a projection room was across the hall opposite the entrance. Two Occupational Therapy rooms were on the left. The bottom floor consisted of the gymnasium and stage. The stage faced the side of the gym floor opposite the balcony. Two shower and locker areas were located behind the stage. Storage space was under the balcony and two more Occupational Therapy rooms were to the left of the building. The gymnasium floor was marked off for a basketball court, two volleyball courts, and two badminton courts. The seating capacity of the gym, including the balcony, was approximately 500. (J. Biggerstaff, personal communication, December 29, 1975).

The RT-OT Building was only one indication of the many changes that took place at the Morganton Hospital in the late 1950's. The name of the hospital was changed on June 16, 1959 to Broughton Hospital (North Carolina General Assembly, Ch. 1028) in honor of former North Carolina Governor J. M. Broughton. In February, 1959 the State Personnel Department reclassified the Recreation and Occupational Therapy staff positions. The Recreation Director title became Recreation Worker II with recreation staff positions being Recreation Worker I and Recreation Aide. The Occupational Therapy Director title became Occupational Therapist II with the staff positions being Occupational Therapist I and Occupational Therapist Aide. The positions of Recreation Worker I and II and Occupational Therapist

I and II required a four-year degree in the related field. The director's position further required a minimum number of years of experience. It should be noted that the new Recreation titles did not carry the word "therapy."

Rehabilitation Services Department

A Rehabilitation Services Department was created at the Morganton Hospital on May 25, 1959 (State Hospital at Morganton, July, 1959). This department was comprised of the divisions of Industrial Therapy, Occupational Therapy, Recreation Therapy, and Volunteer Services. This change was made in the North Carolina State hospitals as a result of a study made of the California State hospital system. In 1958, John Brendle, Recreation Director at Dorothea Dix Hospital in Raleigh, visited California to learn first-hand of their Rehabilitation Services program. His report led to the new department being created in 1959 with a new position, Rehabilitation Services Director, to head the department (Farr, 1970).

Jack Biggerstaff was also able to get some first-hand knowledge of the Rehabilitation programs by spending two weeks in Maryland in May, 1959 studying the programs of four mental hospitals in that state (State Hospital at Morganton, June, 1959). Mr. Biggerstaff became the Acting Director of Rehabilitation Services at Broughton Hospital on July 1, 1959. The personnel position card for the Director of Rehabilitation Services had not been approved at Broughton at this time. Mr. Biggerstaff's personnel title was Recreation Worker II.

By mid-1959, there were nine aides and one Recreation Worker I in the Recreation Department and six aides in Occupational Therapy. Only these two departments actually existed before 1959, but Industrial Therapy and Volunteer Services activities had been carried out. Jack Biggerstaff had worked extensively with volunteer groups. Patients had long held jobs in many areas of the hospital although there was no official Industrial Therapist to manage the job placements. When the Rehabilitation Services Department came into existence, no directors were hired immediately. Miss Fergerson resigned as Director of Occupational Therapy on August 31, 1959. This left all four sections of the new department without directors. Mr. Biggerstaff, his staff, and the OT staff officially took over all these duties; duties which they were already performing.

Industrial therapy. Leslie Cartwright, Recreation Aide, became Acting Director of Industrial Therapy when the department was formerly organized (State Hospital at Morganton, July, 1959). He resigned in August, 1961 and the position was not officially filled until November 1, 1962. Thomas W. Lane was hired at this time as Director of Industrial Therapy and Volunteer Services. He was, however, hired under the personnel position title of Occupational Therapy II as the other position titles had not been cleared.

The organization of Industrial Therapy was developed on the premise that proper placement in job assignments would aid in the patients' treatment and recovery. Patients were already

employed on the farm, laundry, maintenance, commissary, dining rooms, mail rooms, and many other areas of the hospital. The patients had been arbitrarily assigned to these jobs. Many were long term cases with nothing else to do. The work needed to be done and it kept the patients busy. No therapeutic planning had been done. With the development of the Industrial Therapy Department, a job analysis of all these positions was made in order that patients could be assigned to positions that would benefit them (State Hospital at Morganton, July, 1959).

Volunteer services department. Ms. Marge Hoyle, Recreation Aide, became Acting Director of Volunteer Services in August, 1959 (Broughton Hospital, September, 1959). Thomas Lane took over these duties on November 1, 1962 along with those of Industrial Therapy. The work of volunteers was a great asset to the hospital. There had been some volunteer work at the hospital for many years. Volunteer Services was to allow hospital personnel to work full time in obtaining, developing and coordinating the services of volunteer groups and organizations. The department acted as a liasion between the community and the hospital.

Recreation and occupational therapy. Jack Biggerstaff remained responsible for the directorship of Recreation Therapy and accepted the duties of Occupational Therapy Director as well as Director of Rehabilitation Services. The activities of Occupational Therapy remained similar to those that have already been described. The department continued to expand and improve its program. At this time, music therapy became a part of

Recreational Therapy. Harry Ingram, Jr., was employed as Music Director on June 5, 1959. His personnel title was Recreation Worker I. Having been employed at the hospital earlier as an attendant, Mr. Ingram resigned and returned to school to earn a degree in music. He did this with great encouragement from Mr. Biggerstaff (J. Biggerstaff, personal communication, December 29, 1975).

The staff of the Rehabilitation Services numbered 18 workers in 1963. This included 10 recreation workers, 6 occupational therapy aides, the Industrial Therapy-Volunteer Services Director, and the Acting Director of Rehabilitation Services. The merger of the two established divisions and the two new divisions into one department had not caused any hardships or problems. These employees were well adjusted to the program and cooperated with and assisted each other. They were capable and willing to handle extra duties until positions could be filled.

Summary

Several factors affected and changed the proficiency of the Broughton Hospital Recreation Department during its first ten years of existence. It was the introduction of tranquilizing drugs in 1953 to mental hospitals and their continued use that had the most direct effect on recreation program procedure. The drugs calmed the hyperactive, highly disturbed, and unmanageable patients. They, for the most part, replaced shock treatment and surgery. The patients' behavior greatly improved, resulting in more freedom for them. Whereas in 1953 there were only two open

wards in the hospital, over half of the 65 hospital wards were open by 1963. In the mid-1950's the recreation staff had to use much of their time getting patients from and returning patients to the closed wards. The amount of time that could be spent in actual activity was minimal. With more and more open wards, less of the employees' time had to be spent in getting patients from the wards for centralized activities. Patients were free to go on their own to the gym and other areas of the hospital for planned activities (Joint Commission, 1961; State Hospital at Morganton, December 1956; J. Biggerstaff, personal communication, June 21, 1973).

Drug therapy also resulted in other changes for the Recreation Department. Because of the therapy's calming nature on patients, the recreation staff could plan more organized activities involving more patients. Their time did not have to be divided among the varied groups quite to the extent that it had. The use of drugs beginning in the middle 1950's led to a gradual and continual decrease in the resident population at Broughton Hospital. The number of patients decreased in two ways. Some long-term patients who had been at the hospital for years were released and the length of stay of incoming patients was shortened. The faster turn-over in patients resulted in adjustments having to be made in planning the recreation program. However, the decrease in the number of patients by 1963 was not drastic enough to cause major changes.

It was the number of recreation staff members in relation to the resident population that was of greater importance in the

beginning years of the department's existence. In 1953 there were only five recreation staff members for the 2,697 patients at the hospital. By 1963, there were ten employees for the annual average of 2,594 patients. The patient-employee ratio was reduced by more than half over the ten-year period. With less patients with which to work, the recreation staff could better meet individual patient needs and interests. The staff had more time to spend in therapy with the patients to which they were assigned (Joint Commission, 1961; J. Biggerstaff, personal communication, June 21, 1973).

Although Mr. Biggerstaff was able to double the size of the recreation staff by 1963, he faced certain limitations. Salaries for the staff positions were not sufficient enough to attract professionally trained recreation specialists. Thus, none of the recreation staff at Broughton were specialists in the field. Mr. Biggerstaff worked closely with the employees in developing and carrying out workshops and in-service training programs. He took advantage of the programs offered by the national, state, and local recreation associations in planning in-service training for the staff.

Jack Biggerstaff realized when he took the position of Recreation Director in 1953 that recreation was basically of a custodial nature. He was able to witness many changes in this attitude during his ten years of service to the hospital. The philosophy and convictions held by Mr. Biggerstaff influenced the attitude that Broughton Hospital developed toward recreation.

Mr. Biggerstaff was convinced that recreation could be therapeutic as well as fun and entertaining for the patients. He and his staff constantly evaluated all aspects of their program. In frequent meetings, they discussed the effectiveness of the activities they presented. They changed the program as the need arose. Evaluation was a key word in the Broughton Hospital recreation program.

The role of the recreator, as seen by Mr. Biggerstaff, was to assist the doctor in getting the patient reoriented and out of the hospital as soon as possible. The recreator's job was to report to the doctors the progress and improvement patients made through participation in recreation. One of Mr. Biggerstaff's goals was to get as many patients as possible involved in activity. This would provide another means by which the patients' behavior could be observed as well as provide all the things that recreation normally offers.

Jack Biggerstaff has been called a wonderful therapist, a good director, a strict supervisor and a great organizer. He was constantly planning and carrying out new programs. He kept his staff busy with planning, directing, and evaluating programs. It has been said of Mr. Biggerstaff that his main concern and interest was for the patient. It was reported that after ten years patients still ask about "Pick" Biggerstaff.

By 1963, the hospital administration and staff, the state, and the public were beginning to see hospital recreation in a new light. Recreation was more accepted by some as a therapy and a vital part of the treatment plan. Yet, even with this

realization, it took time to make major changes. Mr. Biggerstaff realized that for recreation to reach and maintain the professional status that it deserved, a well-educated and well-trained director and staff were required. He felt that the position of Director of Rehabilitation Services should require a doctorate's degree and the other supervisory positions a degree in the specified area. It was in December, 1963 that Mr. Biggerstaff chose to resign from his position at the hospital. He moved out so that more qualified personnel could come into the department.

Chapter VI

Recreation: 1964-1969

In the 1960's the trend in the treatment of mental illness was toward more community involvement. The new approach, calling for speedy treatment and return of the patient to his home, necessitated a plan for treatment within the community. This concept of greater local involvement in mental health was favored and supported by the late President John F. Kennedy. He appointed a committee to study the care and treatment of mental patients. The committee published Action For Mental Health in 1961 (Joint Commission on Mental Illness and Health). President Kennedy supported the mental health movement in his February, 1963 Presidential address. The result was the enactment of the Mental Retardation Facilities and Community Mental Health Centers Act of 1963. States were encouraged to establish and coordinate community centers for the prevention, diagnosis, and treatment of mental illness. These centers, by meeting certain qualifications, could apply for federal funds for support and operation. Throughout the decade many states established local mental health centers (Frye & Peters, 1972; Meyer, 1973). The North Carolina State Department of Mental Health, which took over the duties of the State Hospitals Board of Control in 1963, was authorized in 1965 to establish such centers in the state of North Carolina (North Carolina General Assembly, 1963, Ch. 1166, 1965, Ch. 929).

The developments in mental health required a change in the organization and structure of the state institutions. The organizational system of the hospitals had always been centralized. Individual departments carried out specialized services often with no consultation or help from other departments. The latter half of the 1960's was a transition period for the state hospitals as they developed decentralized systems of operation. The systems called for interdisciplinary teamwork by all hospital departments. The hospitals found it necessary to change their mode of operation as total treatment institutions and function as only one phase of the total mental health services being provided. This transition was not easy. It affected all phases of hospital operation and put great pressure on the hospital staff to accept change and function in a manner congruent to the new trends in mental health.

In the decentralized hospital organization, recreation was to take on a more therapeutic role. With the emphasis on returning the patient to the community, it was necessary for the recreation staff to teach recreational skills that would be of benefit to the patient after his release from the hospital. Recreation was no longer seen as a means of diversion and entertainment, but as an important part of the rehabilitation of the patient. Thus, the development of recreation from a mere diversional role to that of a rehabilitative, therapeutic one was becoming a reality. It took many years to reach this point with the first major advancements being in the latter half of the 1960's.

A New Director

Jack Biggerstaff resigned as Acting Director of Rehabilitation Services (Recreation Worker II) on December 9, 1963. Thomas W. Lane was transferred from Director of Industrial Therapy and Volunteer Services (Occupational Therapist II) to Director of Recreation on February 1, 1964. Mr. Lane covered as Director of Rehabilitation Services, Director of Occupational Therapy, and Director of Volunteer Services. Robert E. Littlejohn was employed as Director of Industrial Therapy, taking Mr. Lane's former position, on February 1, 1964. He, like Mr. Lane, was hired in the Occupational Therapist II classification (Personnel Department, Broughton Hospital).

Effective January 1, 1965, Mr. Lane was transferred to the position of Director of Rehabilitation Services. It was at this time that the North Carolina State Personnel Department made a reclassification of the rehabilitation staff positions. Mr. Lane's new position was classified as Rehabilitation Therapist III and required a bachelor's degree in a related field and four years of experience. The director's title for the four divisions of rehabilitation was called Rehabilitation Therapist II with a bachelor's degree in a related field and two years of experience being required. The staff titles were Rehabilitation Therapist I, Rehabilitation Aide II, and Rehabilitation Aide I. The Therapist I position required a college degree in a field related to the area of specialization. The aide positions only required a high school diploma with the Aide II position requiring three years of

experience because of the greater responsibility and some supervisory duties involved (Lane, October 7, 1968). The reclassifications signified another forward step for recreation. For the first time, recreation staff positions were classified as "therapist."

Upon becoming the official Director of Rehabilitation Services, Mr. Lane had to assume the directorship of three of the four divisions of the department until the personnel were hired. Mrs. Mary Nooe became Director of Volunteer Services on January 1, 1966. Robert Littlejohn took the position of Director of Recreation on October 1, 1966. He then acted as Director of Industrial Therapy which position had also been cleared by the Personnel Department.

For the 5½ years that Mr. Lane directed rehabilitation services, there was only a period of approximately five months in which each of the four divisions of the department had its own director. Mrs. Nooe resigned as Director of Volunteer Services on June 30, 1967. The position was, however, immediately filled with Mrs. Ruth Penn being hired on July 1, 1967. Mrs. Elizabeth Smedes became Director of Occupational Therapy on August 1, 1967. This position had been vacant for eight years. Charles N. Suddreth came to Broughton Hospital on February 11, 1968 as the Director of Industrial Therapy. Mr. Suddeth's arrival meant that the fourth directorship position was filled. This did not last, however, as Mrs. Smedes resigned on July 16, 1968. This Occupation Therapy director's position was not filled again during

the remainder of Mr. Lane's tenure (Personnel Office, Broughton Hospital).

Mr. Lane was directly in charge of recreation from February 1, 1964 to October 1, 1966. He was Acting Director of Rehabilitation Services from February 1, 1964 until January 1, 1965. At this time he became director and maintained that position until his resignation on June 30, 1969. From Creedmore, North Carolina, Mr. Lane received a B. S. degree in recreation administration from North Carolina State College at Raleigh in 1961. When employed at the hospital in 1962, he was in the process of completing a M. S. degree in recreation administration at the University of North Carolina at Chapel Hill (T. Lane, personal communication, June 1, 1973).

Mr. Littlejohn has remained Director of Recreation from 1966 through the time which this paper covers. A graduate of Gamewell High School in Lenoir, North Carolina, he received a B. A. degree in business administration from Lenoir Rhyne College in 1959. After spending two years in the U. S. Army, Mr. Littlejohn was employed with the Employment Security Commission in Morganton for three years. He accepted the position of Director of Industrial Therapy at Broughton Hospital in 1964 with the hope of eventually moving into a position in the Recreation Department. His recreational interests were evident throughout his educational and military years. During the summers of 1957 and 1958, Mr. Littlejohn was employed as recreation

manager and lifeguard at Myrtle Beach, South Carolina. While in the army stationed in Canada, his primary job was assisting with the management of the special services division of his post. He was in charge of all recreational activities and tournaments, which involved scheduling and scorekeeping. Other responsibilities were requisitioning for all recreational supplies and equipment and planning and arranging for the recreational awards banquets (R. Littlejohn, personal communication, February 18, 1976).

Decentralizing the Program

Recreation for the first 1½ years under Mr. Lane's direction was routine. The activities that had been conducted by the department under the previous administrator's direction continued on about the same schedule and at the same pace. The recreation staff number remained at ten. The recreation program was centralized with the staff working together in providing activities for patients throughout the hospital. Staff members were directly responsible to Mr. Lane. The Recreation Department, as a whole, planned, conducted and evaluated its recreational program.

To explain the changes that occurred in recreation in mid-1965 and to evaluate the program under Mr. Lane's directorship, the organization of Broughton Hospital itself must be reviewed. This organization and the reorganization of the hospital system in 1965 affected the operation of all departments including that of recreation. Community-oriented therapy called

for a completely new operational system for the hospital and resulted in a new philosophy and method of action being taken.

Since 1947, when John Umstead Hospital opened in Butner, the state had been divided into three regions, each being served by a hospital for white patients. Cherry Hospital in Goldsboro served the Black population of the entire state. Within each hospital, the patients were assigned to wards according to their illness or degree of illness. Male and female patients were also separated. At Broughton Hospital, all female patients were housed in the south wing of the main building and in the building on the south side of the grounds. Male patients were housed in the north wing and north buildings. Most of the equipment, facilities, and resultant activities of the hospital were centralized in an effort to provide care and treatment to all the patients. By the mid-1960's, this plan of organization had become inadequate. A system was needed which would allow for more community-oriented and patient-oriented therapy. Also, it was necessary to completely desegregate all of the state hospitals.

The Department of Mental Health devised the unit system to accomplish these goals. The state was divided into four regions, these being the Western, North Central, South Central, and Eastern regions. Each region was to be served by the hospital in its territory. Within the regions, the counties were divided into geographic catchment areas. Broughton Hospital was to serve the Western region which was comprised of 30 counties divided into eight catchment areas. The hospital was then divided into seven

units, four of which were geographic units based on the eight divisions of the Western region.

The main purpose of the unit system was to get patients from neighboring counties and sections of the state into one general location at the hospital. The system allowed county and local mental health groups and interested citizens a better chance to work and deal with hospitalized patients from their locale. It also allowed for integration of the races and sexes. Black patients were assigned to the unit representing their home county. Male and female patients were housed in the same building and distributed throughout all the buildings of the hospital. They were, of course, still separated by wards. Because assignment to the units was based geographically, patients with vast age differences and varied illnesses and degrees of illness were found together on the same wards and in the same units. With the reorganization of the hospitals, epileptics and alcoholics were once again admitted and treated at Broughton. The criminally insane remained in a special unit at Dorothea Dix Hospital in Raleigh (North Carolina Mental Health Planning Staff, Vol. I and II, 1965; Broughton Hospital, October, 1966).

The unit system went into effect at Broughton Hospital on June 23, 1965. On that day over 2,000 patients were transferred and moved throughout the hospital into one of the seven established units. Each unit consisted of a specified number of buildings and/or wards in the same proximity on the hospital grounds. Each had its own personnel which was to function both in the hospital and in

the community. The head of each unit was a medical doctor called the unit director. These units were designated alphabetically A through G. Units A through D were the geographic units. Unit E was the medical-surgical unit, Unit F was the inebriate-acute treatment unit serving alcoholics and drug addicts, and Unit G was the geriatric unit. These three speciality units served patients from all 30 counties of the Western region. They were necessary because of the specialized equipment and facilities needed for treatment of these specific cases (W. Boyles, personal communication, January 2, 1976; Broughton Hospital, October, 1966).

As in any big change, certain adjustments had to be made. Confusion and dissatisfaction was at first felt by many of the hospital staff as well as patients when the hospital switched to the unit system. Not only was the patient population moved around, the ward personnel was redistributed. Patients and employees found themselves in strange wards in unfamiliar buildings with new people. The ward personnel were faced with groups of patients of all ages, various illnesses, and with various degrees of illness. They had to adjust to the demands necessitated by caring for such heterogeneous groups. They also had to adjust to other changes made in their roles as psychiatric aides.

The dissatisfactions felt by the hospital personnel with respect to the reorganization of the hospital declined as the objectives and purposes of the new system became a reality. The

report of the Superintendent for the fiscal year following the change-over explained why the attitudes of staff changed (Broughton Hospital, October, 1966).

> There was an initial drop or 'shake-up' in morale of the personnel and the patients, but as the team spirit developed and better patient care became evident, and closer ties with the communities, together with hard work on the part of all, there was an uplifting of morale and a feeling of satisfaction in the extra work done. In spite of personnel shortage, it is the concensus that the first year of operation of the Unit System has been successful and success should be attributed to the quality, if not quantity of the unit personnel, the excellent team spirit, the receptiveness of the communities and the advantages of a patient-centered-community-oriented mode of operation (not least, a great deal of hard work) (p. 3).

As the hospital personnel saw their efforts to be of benefit, their attitudes toward the unit system improved. They were more willing to put in the extra work required of the new system.

The complete reorganization of Broughton Hospital into the unit system was a mammoth task. The new system required a larger staff and duplication of facilities and equipment throughout the hospital. The units were to function as separate, independent, small hospitals within the large hospital. The physical lay-out of the hopsital was not designed for these units; it had been planned for custodial care. It took time and hard work to convert the wards to meet the needs of the patients in light of active therapy instead of institutional care.

Specific to recreation, the unit system caused many changes and adjustments to be made. It took some time, in fact years, for the recreation personnel to make adjustments to some of these

changes. The recreation staff was assigned to the units and made responsible for the recreational programs for each unit. At first this produced some negative reactions. It was the opinion of one researcher with experience in recreation at Dorothea Dix Hospital that it was more difficult for Recreation and Occupational Therapy to decentralize than for the other departments of the hospital (Farr, 1970). The factors on which this opinion was based were also found influential in the decentralization of the Rehabilitation Services Department at Broughton Hospital, and more specifically the Recreation Department.

Until July, 1965 the Recreation Department had carried out a centralized program. The recreation staff had worked together utilizing the specific interests and talents of each employee in providing an adequate program. On being assigned to specific units, the employees found it necessary to be efficient in all areas of recreation. Whereas in the centralized programs, individual strengths could be used to advantage, the new program required the recreator to be a jack-of-all trades. These new responsibilities produced, for some of the staff, a sense of insecurity. They felt inadequate to perform at a uniform level in all areas of recreation. It was the contention of some in authority that during the first years of the decentralized program in the units, the recreation staff's professional performance was not as high as it had previously been in the centralized program. They did not work as well as they had as a unified group (R. Littlejohn & I. Warrick, personal communication, June 6, 1973).

The matter of supervision over the recreation personnel, as well as the other employees of Rehabilitation Services, was a definite factor affecting the adjustment of these employees in a decentralized system of operation. It was a problem that continued into the next decade. The rehabilitation employees were assigned to and worked in the units, but were not directly responsible to the unit directors. They were supervised by their own department heads and, until 1968, worked from central offices in the RT-OT building. In contrast, the medical and nursing staff of each unit were directly responsible to the unit director. They functioned completely within the unit itself. It was difficult for the rehabilitation staff to feel that they were a functional and accepted member of the units' professional teams. In actuality, they were functioning as an outside agency that visited the units from time to time.

The decentralized recreation program resulted in the rehabilitation staff, specifically the recreation staff, having two supervisors. The unit director of each unit was responsible for the day-to-day professional activities, programs, and conduct of his unit. It was necessary that he have some control over the events that occurred involving patients. Of course, this included the recreation program and staff. Yet, the director of recreation also had to approve the recreation programs offered by the employees in their respective units. It was through the Recreation Department that the recreation staff was paid and kept their positions at the hospital. It was in the beginning a struggle

for the recreation staff to function efficiently while trying to please two directors and become use to the idea of the treatment team approach to patient care (R. Littlejohn, personal communication, June 6, 1973; I. Warrick, personal communication, June 6, 1973, March 18, 1976).

The problems in respect to supervision caused much discussion in departmental and staff meetings throughout the hospital. In 1968, Mr. Lane asked the unit directors to indicate their professional opinions concerning the supervision of the rehabilitation staff (November 22, 1968).

> It is realized that the plans of the Department of Mental Health call for the greatest degree of atonomy (sic) possible for each of the units. To aid us in deciding what approach should be taken . . . I should like to request a proposed program from each of the units . . . . I should also like to have your opinion as to whom the rehabilitation personnel would be responsible and also your personal feelings regarding your supervising the assigned members from the rehabilitation department (p. 1).

Mr. Lane was concerned "as to what would happen to the programs presently underway (p. 1)." He wanted assurance that any changes would be for the benefit of the patients as well as the staff.

The possibility of the Rehabilitation Department directors becoming consultants to the units was also a part of the discussions taking place at the time. Provided that the unit directors became the supervisors of the rehabilitations staff, it was felt that they could benefit from the professional consultation of the department heads. Again, Mr. Lane was concerned about the opinions of the unit directors on this matter and as to what degree they would use the services (November 22, 1968).

A problem that part of the recreation staff faced to some degree in the decentralized program was the lack of acceptance and cooperation on the part of the unit personnel. There were several factors contributing to the attitudes of these employees. Recreation had not fully obtained a therapeutic status and was not fully accepted as a rehabilitative part of the total hospital program. In some cases, the unit personnel felt that other aspects of therapy were more deserving of their time than recreation. The recreators were sometimes seen as untrained and were not recognized as therapists in the true medical sense of the term. This and the problems resulting from the matter of supervision caused the lack of acceptance of the recreators as members of the units treatment teams.

Still another problem confronting the Recreation Department was a lack of an adequate staff. Although the new system required a larger hospital staff, this did not happen instantaneously. Throughout the latter part of the 1960's, there remained only ten employees on the recreation staff. The average patient population from 1965 to 1969 ranged from 2,553 to 2,159 (Medical Record Department, Broughton Hospital). The patients were distributed unevenly in number throughout the units as their geographic location, for the most part, determined their placement. The number of patients per recreation employer varied greatly from unit to unit. Some recreators were responsible for larger groups of patients than were others. There was a decrease in the overall

patient-employee ratio by 1969, but it was marginal. The patient-employee ratio on the units remained very inconsistent.

There were even further adjustments to be made as a result of the decentralization of the Recreation Department. The staff found it necessary to provide unit activities for patients of all ages and with various illnesses. One planned activity was not necessarily suitable for all the patients on a unit. A limited budget and limited supplies and equipment increased the difficulty in planning and conducting an adequate recreational program on the unit. Most of the units did not even have the space in which recreators could set up games and activities for the patients.

Because of the many complications involved, many of the recreators favored the centralized program over the new unit system. The problems faced and the adjustments to be made initially took away from the efficiency of the overall recreation program. Notwithstanding these problems as they could be foreseen in 1965, Tom Lane, as director of rehabilitation, saw the advantages to be gained by working within the unit system. He recognized the opportunity to upgrade staff positions because of the additional responsibilities and duties required of the employees on the units. With upgraded positions, new employees hired could of necessity be more qualified. Those already in the department would be trained through an in-service program. Mr. Lane felt it important that his staff be more directly associated with the professional personnel within the units as they were a part of the treatment team. Steps such as these would in time

result in a more professional group and, thus, an improved, more therapeutic program (Lane, October 7, 1968; personal communication, June 1, 1973).

However, by 1968, three years after the initiation of this system, the upgraded positions and salary increases had not been realized. Mr. Lane faced problems in the recruitment and retention of personnel. In a report to Dr. Olen I. Freeman, Superintendent of the hospital, Mr. Lane (October 7, 1968) made recommendations concerning the matter. The majority of his staff were Aide I's. In describing the beginning position for the Aide I, Mr. Lane reported:

> These positions are one pay grade below the psychiatric aide. By nature of the programs, the rehabilitation personnel are required to function much more independently than are the psychiatric aides. Also on many occasions the rehabilitation personnel are supervising the psychiatric aides assisting with programs yet they receive less pay. Another factor to be considered is that they are being required to participate in the psychiatric nursing part of the psychiatric aide training program. Plans are also being developed to provide further training in their respective area of specialization (p. 1).

The recommendation for the Aide I position was a beginning salary equal to that of the psychiatric aide and a two-step salary increase. The first step would result after six months of satisfactory work and a second increase would come after one year of experience and in-service training. It was also recommended that the Aide II position be an automatic step from Aide I after five years of successful service. A salary increase would be necessary for this position to keep it in line with the Aide I.

Mr. Lane maintained that the Rehabilitation Therapist I position should keep the requirement of a college degree. He recommended that the salary be increased with that salary being reached by a two-step process. For the Therapist II and III positions, a salary increase was recommended in order to make recruitment of qualified personnel easier. A minimum of a master's degree and three years of experience was also suggested for the Therapist III position.

As well as making recommendations concerning the established positions, Mr. Lane introduced two other positions. He proposed placing the position of Rehabilitation Specialist between the positions of Aide II and Therapist I. The purpose of the position

> would be to provide additional advancement for the highly skilled employee that does not have a college degree . . . . Requirements for this position should be 5 years experience or an equivalent combination of education and experience. This would be the position used to provide incentive for individuals to participate in the two-year training programs. A position such as this is greatly needed to help retain the non-college graduate with experience and know-how. . . (p. 2).

The second proposed position was called Rehabilitation Therapist II, requiring the established II and III positions to be changed to III and IV. The new Therapist II position was to succeed the Therapist I position. It was to provide advancement for the college graduate "without their having to wait for the department head to change jobs (p. 3)." The salary range for this position would be slightly higher than for the Therapist I and would require three years of experience.

The recommendations were part of the concerted effort made by Mr. Lane to improve and professionally upgrade the rehabilitation

staff. He realized in 1965 that his plans were long-ranged. Yet, three years had passed with no changes being made in certain aspects of the rehabilitation program. As was the case, two more years were to pass before action was taken on personnel reclassification. Not until 1970 were the rehabilitation staff positions revised.

Recreation Personnel

When the unit system went into effect in 1965, there was one Rehabilitation Therapist I and nine Rehabilitation Aide I's on the recreation staff under Mr. Lane's supervision. Paul Grady, Therapist I, had replaced Harry Ingram as music therapist in 1964. The aides were Vernie Chapman, Ronald Daves, Jerry Duckworth, Norman Duckworth, Ruth Hastings, Marge Hoyle, David Pittman, Janice White, and Nancy Williams. By 1968, three of the Aide I's had been promoted to the Aide II position. Mrs. Ruth Hastings and Miss Marge Hoyle were promoted to Aide II's in July, 1966 and Mrs. Vernie Chapman moved into the Aide II position in July, 1968. Mrs. Hastings, who had been employed as a psychiatric aide at Broughton on September 12, 1949, joined the recreation staff in 1953. Miss Hoyle was employed in the Recreation Department on January 11, 1956 and Mrs. Chapman joined the staff on February 3, 1958 (Personnel Office, Broughton Hospital).

By 1969, there were seven geographic units in the hospital. In January, 1969 Mr. Littlejohn reassigned the recreation staff members to the units. Eight of the ten recreators were assigned

to the geographic units. Donald Ramsey, who replaced David Pittman as a recreation aide in 1967, was assigned to Unit A-1. Marge Hoyle Reep was assigned to Unit A-2. Units A-1 and A-2 were often referred to as the Frontier units. Kenneth Duckworth, who was employed in 1965 just before Ronald Daves went on a leave of absence, and Nancy Williams shared the recreational responsibilities on Unit B or Center Lane unit. Unit C-1, or Gateway, was covered by Norman Duckworth while Vernie Chapman covered Unit C-2 or the Foothills unit. Jerry Duckworth was assigned to D-1 or the Mecklenburg unit and Janice White Duckworth was assigned to Unit D-2 or the Vanguard unit. Ruth Hastings was assigned to Unit F, the Alcoholic unit. The other speciality units, Medical-Surgical and Geriatrics, were to receive recreation therapy coverage on a part-time basis by each member of the staff. Paul Grady, continuing the coverage of all the units with musical activities, was not assigned to a unit (Littlejohn, Memorandum, January 28, 1969, personal communication, February 16, 1976).

The duties of the recreation aides consisted of planning, organizing, and carrying out a recreation program for their respective units. Their programs included on-ward activities, outdoor activities, scheduled recreation at the recreation building, and trips off the hospital grounds. The recreation personnel scheduled the gym and field activities on a weekly basis so that the facilities could be used by all the units. The units' respective recreation employee supervised these activities. The well-established centralized activities continued, but it was the

recreator's decision as to whether their patients attended. At times, ward activities were favored over the centralized programs. The aides made written monthly reports to Mr. Littlejohn on the development of their programs.

The duties of the Director of Recreation included those of supervision, administration, and consultation. Mr. Littlejohn supervised and advised the recreation staff and coordinated their programs as well as acted as a consultant to the unit directors. He coordinated the entire program in relation to the other departments of the hospital and the community. This included scheduling of special events on and off the hospital grounds. Administrative duties involved checking the daily individual time sheets, ordering supplies, equipment, and films; submitting work orders for repairs; and conducting staff meetings. Mr. Littlejohn combined the monthly reports of the recreation staff to produce a monthly recreation therapy report for the Director of Rehabilitation Services. Other obligations included lecturing to student nurses and to employees in the psychiatric aide training program. He attended professional lectures and staff meetings of other departments. He also involved the staff in in-service training programs and in professional recreation meetings and conferences (Littlejohn, 1969).

Recreational Activities

With the unit system came an increased emphasis on the treatment and release of the patient as opposed to mere

institutional care. There was a demand for more accurate departmental records to be kept. Clearer, more detailed reports of each department's activities were needed in order to evaluate the quality of treatment being provided. Monthly reports by each department had long been mandatory. After 1965, the monthly recreation therapy reports included the number of participants involved in recreational activity. The numbers reported represented total participation, not the number of different patients. Total participation was recorded for each unit. In addition, a report of participation was given for music therapy, the use of the library, the centralized activities, and the activities for the privileged patients. The report for each unit included both on-ward and centralized activities, but few specific ward activities were listed. The monthly reports covered the activities of each separate month. Beginning in April, 1968, however, the time covered in the reports was changed to run from the 25th of each month to the 24th of the following month. This was in compliance with the superintendent's request that reports be submitted to his office on the first of each month.

Information on the various activities made available to the residents of the hospital after 1965 was found mainly from three sources. The Recreation Therapy monthly reports were available from November, 1967 through December, 1968 (Recreation Therapy Department, 1967-1968). Patient participation tally sheets were available from December, 1966 through December, 1968 (Recreation Therapy Department, 1966-1968). The third source was

the "News and Views," the monthly newsletter of the hospital. Newsletters dated for five months in 1966 and going through December, 1968 were found. It should be stated that no newsletters were found for 1965 and for March, 1966 through September, 1966. Thus, it is impossible to be exact as to the dates that some of the new activities were initiated (Broughton Hospital, 1966-1968).

The recreational activities have been arbitrarily divided into four categories: (a) regularly scheduled activities, (b) frequently or occasionally scheduled activities, (c) seasonal activities, and (d) special programs and events. Regularly scheduled activities of long standing were the weekly movies and dances and the monthly birthday parties. On February 2, 1966 the scheduling of movies and dances was reversed. The weekly movies were switched to Friday nights and the dances were moved to Wednesday nights. This was done in order to secure more bands for the dances as bands were much in demand on Friday nights. The monthly VFW bingo parties and the operation of the patients' clothing bank, the Sunshine Shop, became the responsibility of the Volunteer Services Department in 1965. Prior to that time, the activities had been handled through the Recreation Department.

A few new activities were started after 1965. Weekly bowling and monthly shopping trips into town were listed as regular activities as of November, 1966. These activities actually began prior to Mr. Littlejohn's becoming Director of Recreation. Mr. Lane initiated the community activities in approximately 1965. Mimosa Bowling Lanes in Morganton was made available for the

patients on a weekly basis. The shopping trips were made to local stores in town (R. Littlejohn, personal communication, December 29, 1975). A weekly Patients' Music Hour program began on Saturday, February 10, 1968. This request program remained popular for approximately one year.

Frequently scheduled activities included movies on wards, bus rides, and various sports tournaments. As the local communities became more involved in the treatment of the mentally ill, more and more bus trips were taken to various points of interest in the region served by the hospital. Tournaments were held in cards, ping pong, softball, and horseshoes. New activities were also initiated that fell into this category. These included the serving of popcorn at movies beginning before January, 1967, and suppers in the community at least by September, 1967.

Many of the seasonal activities that were held in the last half of the 1960's were not new to the department. Trips to the Burke County Fair, circuses, and town parades were made. The Halloween carnival, field days, seasonal dances, and the Christmas and Easter festivities continued to be popular. The Industrial League sports' events continued for the hospital employees, providing passive recreation for the patients. Summer brought ice cream parties, picnics to local tourist areas and communities, and swimming. The swimming program was conducted under the strict approval of the ward doctors. A regular summer employee was hired to teach swimming and serve as life guard.

Fishing, as a new activity, was first mentioned in the March, 1967 hospital newsletter. However, fishing was initiated much earlier. The farm personnel constructed a small pond in 1964 from a low, swampy area on the south side of the athletic field. It was stocked with fish and made available to the patients with supervision (M. Reep, personal communication, January 2, 1976).

Special programs and events included performances by visiting groups and individuals at the hospital and performances off the hospital grounds attended by patients. There were many such programs given over the years. Numerous singing and musical groups and choirs performed at the hospital at various times during the year, particularly during the Christmas season. Dance recitals, variety shows, sports exhibitions, dramatic performances, and fashion shows were among the varied programs made available to the patients. These programs were sponsored by local mental health groups, schools, churches, and other interested groups and individuals. Special programs were an important part of the total program offered by the Recreation Department.

Various musical activities were conducted for the benefit of the patients. Mr. Grady, the music therapist, regularly visited the wards on the units providing music for singing, dancing, or simply listening. Music appreciation classes were held as well as private lessons on several instruments for those patients who were interested. Mr. Grady was also in charge of the church choir. A large number of patients showed interest in the choir

Figure 8. The athletic field and fishing pond are located on the south side of the RT-OT Building. The fishing pond is behind the athletic field between the two large trees.

which practiced weekly and sang in the Sunday morning worship services. It was Mr. Grady who supplied the music for the centralized birthday parties, ward parties and picnics, and the seasonal festivities, such as Christmas caroling. The music program operated from the Recreation Therapy-Occupational Therapy building for several years after its opening. However, on October 22, 1965 Mr. Grady moved his office and musical equipment and supplies to the Jones building (P. Grady, personal communication, April 26, 1976).

The patients' library, located in the Recreation Therapy-Occupational Therapy building, remained an active part of the recreational services provided at the hospital. The library area, being airy and spacious, was conducive to extensive use by patients with group or single parole who preferred passive activities such as cards, coloring, and reading newspapers, magazines, and books to the more physically demanding activities offered by the gym. Approximately 10,000 books were in the library collection, many of which had been donated. Several magazines and approximately 20 newspapers were received at the library. All of the newspapers, but two, were donations from the counties served by the hospital. For three years beginning in 1967, the library received an annual $3,000 grant, called Library and Construction Grant Title IV, from the North Carolina State Library. The grants were used for the purchase of recreational reading material (M. Bush & I. Warrick, personal communications, June 24, 1976).

Summary

The latter half of the 1960's was a period of transition for mental health within North Carolina. Mental health centers were built and community programs developed to meet the needs of the local people. The state hospitals changed their systems of operation so as to coordinate their treatment with the mental health resources available within the communities they served. There were many adjustments to be made as the hospitals put the unit system into effect. The Recreation Departments, as did the other divisions of the hospitals, found it necessary to alter their programs to fit the concept of community-oriented treatment of mental illness.

Within the new concept, the recreational program at Broughton Hospital was to have developed into a more therapeutic aspect of the total hospital treatment. As recreational and leisure interests are considered an important part of everyday living, it became the responsibility of the Recreation Department to offer a program that would meet the individual patient's needs and interests. A therapeutic recreational program would make available numerous activities, teach or re-teach various recreational skills, and offer counseling in the constructive use of leisure time. It was, then, necessary that the activities within the program have carryover value into the recreational pursuits of the patient after his release from the hospital. In order for the program to be rehabilitative, it had to offer recreational activities that were available in the patients home

community. The unit system of organization at Broughton Hospital, theoretically provided the ideal atmosphere in which to develop such a program. The recreators working on the units could coordinate the hospital recreation program with those in the communities served by the hospital. Each recreator could plan and conduct his unit program based on the recreational activities available in the communities represented in his unit. The unit programs would differ in as much as the community recreational programs were different, but would result in a more rehabilitative recreation program being offered at the hospital.

Although unit programs were developed at Broughton after 1965, no serious effort was made to coordinate the programs with those in existence in the communities from which the patients came. No surveys were made to discover what recreational activities were available in the counties in the Western region of the state. For the most part, the recreation staff conducted within their units the same basic program that had previously been offered. It is not being said that the program was not important or even therapeutic to some degree, but that it was not planned with the patients eventual release taken into consideration.

Yet, it was the change into the unit system that delayed the development of a more therapeutic recreation program. The numerous problems caused by the change and the adjustments that had to be made interferred with any attempt to improve the program. There were many interpretations of the role of recreation and the recreation therapist in respect to rehabilitation and

therapists had to earn acceptance into their rightful positions as members of the units' treatment teams. Even as late as 1969 Mr. Lane (Memorandum, July 8, 1969) observed that:

> In the Recreation Department the primary need is for a greater awareness on the part of the physicians and other staff as to the potential of the recreation program in the treatment of the patient. Most of the medical staff seem to have little knowledge as to what can be accomplished through recreation (p. 2).

In addition, the shortage of staff, supplies and equipment, and a lack of adequate work space in the units hindered to a great extent the expansion of the recreation program.

It was the concensus of many of the hospital personnel either involved in or familiar with recreation that the quality of the recreation program declined in the initial years of the reorganization of the hospital. The decline was accredited to the new method of operation and the problems confronted in its initiation. The centralized program was favored over the unit program. The decentralized or unit system was, in theory, more congruent with the new trends in the treatment of mental illness but the initiation of the system proved to be a stumbling block for the development and advancement of therapeutic recreation. In 1969, four years after the new system was put into operation, the recreation staff was still trying to adjust to the demands made by the change.

There were some improvements made in the recreation program despite the problems faced and the resistance to change shown by the recreation staff itself. Some new activities involving the community were initiated. Shopping trips into Morganton kept patients familiar with modern shopping districts as well as giving

them a chance to purchase merchandise. Weekly bowling in the local bowling lanes was a positive step toward meeting new rehabilitative goals as were the increased number of bus rides, picnics, and suppers in the nearby communities. The number of special programs presented at the hospital were increased and patients attended more special performances and activities in the local communities. The new recreational activities were in line with the community concept of treatment.

The administrative staff of Rehabilitation Services was, in fact, working under adverse conditions after July, 1965 while attempting to develop a more therapeutic recreation program. Thomas Lane worked alone until Robert Littlejohn took over the directorship of the Recreation Department in October, 1966. Mr. Littlejohn inherited a staff trying to cope with all the problems resulting from the reorganization of the hospital. The administration and staff were confused as to their duties and responsibilities within the new system. At the same time, they found it necessary to justify their position as a part of total therapeutic treatment. A great deal of administrative time that should have been used in program planning had to be spent in establishing the importance of recreation in the rehabilitation of the patient.

As the administration is held responsible for the quality of its program, it may appear that Mr. Lane and Mr. Littlejohn were not as effective in the directorship of recreation as Mr. Biggerstaff was thought to be. However, this was not the case.

It would not be fair to compare the two administrations. Both believed in recreation as therapy and worked within their means to establish realistic therapeutic recreation programs. It would not be justifiable to say that the recreation program in the 1950's and early 1960's was better than the program under the new system without first looking at all the factors involved. Although it is agreed that the quality of the recreation program declined with the onset of the unit system, the administration was at work overcoming organizational problems so that the rehabilitative goals of recreation could take precedence.

All of the problems confronting the recreation staff in the 1960's were not solved in 1969. As the geographic unit system was the basis of organization for Broughton until November, 1973, the recreation staff continued into the 1970's their efforts to adjust to the system and conduct an adequate program. Mr. Lane resigned as Director of Rehabilitation Services on July 30, 1969 to take a position with the North Carolina Recreation Commission. It then became the responsibility of Mr. Littlejohn and a new rehabilitation director to administer the recreation program.

Chapter VII

Recreation: 1970 - 1973

The concept of community-oriented treatment for the mentally ill was an accepted procedure in mental health administration by 1970. Local mental health centers, functioning in two capacities, played an important role in the total mental health services made available to the public. They provided early diagnosis and treatment of the mentally ill on the local level. In addition, they offered extended treatment and services to those individuals returning from the state hospitals. The continuity of care from the community to the hospital and back to the community was of major importance in mental health treatment.

The state hospitals had become more adjusted to their role within the new treatment plan. Having once provided the total treatment and care for the mentally ill, they now shared the responsibility with the local mental health centers. Their services were no longer of a custodial nature as the main emphasis was on rehabilitating the patient and returning him to the community. Focus was on community-directed activities that would enable the patient to function once again in society. Rehabilitation Services within the hospital played a key role in providing these therapeutic activities. Recreation, as a part of

Rehabilitation Services, was at last recognized for its therapeutic values within the institutional setting.

The impact of the new rehabilitative procedures on recreation was profound; yet, they provided the ideal setting for the professional growth of recreation and recreation personnel. In relating the current mental health practices to the recreation movement, one author (Meyer, 1973) wrote:

> The concern and focus today, especially in mental health, is on the total life space of people, i.e., all those phases of life that affect the individual including his work, his family life, community life, his leisure, etc. The recreation movement must again see itself concerned with contributing to the basic aspects involved in living wholesome and adjusted lives. It cannot retreat to an isolated and limited focus on leisure concerns. The physical, social, and psychological parameters of self-directed, wholesome use of leisure are not different from those parameters that are prerequisite to meeting other life demands in an adjusted, independent, satisfying manner. These kinds of concerns seem to be basic to the preventative focus currently emphasized in mental health practice (p. 152).

As a result, the professional recreators had to have knowledge of the processes of growth and development and understand the physical, social, and psychological attributes of the constructive use of leisure in wholesome living. The knowledge was to be reflected in the recreational programs and experiences planned by the recreators. The programs, of necessity, had to provide the opportunities for acquiring skills and interests that would contribute to the rehabilitation of the hospitalized patient and to his successful functioning on returning home. As rehabilitation through recreation was to continue in the community once the patient was discharged, the community recreators also had

to be cognizant of the therapeutic aspects of recreation and plan their programs accordingly. The future of therapeutic recreation, now an accepted part of rehabilitative treatment, is dependent upon the continued professional growth of recreation personnel.

A New Rehabilitation Director

Mr. Littlejohn acted as Director of Rehabilitation Services after Mr. Lane's resignation until the position was filled in September, 1969. Mrs. Inga S. Warrick came to this position at Broughton from Dorothea Dix Hospital in Raleigh, North Carolina where she was Director of Industrial Therapy. She was employed in June, 1962 at Dorothea Dix as Industrial Therapist I and was promoted the following year to the directorship of the department.

Mrs. Warrick's educational and professional career was in the field of physical education before she entered mental health employment in the North Carolina State hospital system in 1962. Inga S. Ingolfsdottir was born in Akureyri, Iceland and graduated from the Physical Education College of Iceland in 1945. After one year's employment as a swimming instructor, she entered the I. M. March College of Physical Education in Liverpool, England. Upon graduation in 1949, she returned to her hometown as an elementary and high school physical education teacher. In 1953 she joined the faculty staff of the Physical Education College of Iceland. She resigned her position at the college in 1955 to join her American husband in the United States. Mrs. Warrick returned to Iceland in 1956 and was employed for the next four

years with the U. S. Army Exchange Services. It was in 1960 that Mrs. Warrick moved to the United States permanently (I. Warrick, personal communication, February 18, 1976).

Recreation Personnel

Within the first year of Mrs. Warrick's tenure there was another reclassification of the rehabilitation staff positions (North Carolina State Personnel Department, 1971). The position titles came into effect in June, 1970. Mrs. Warrick's position was titled Rehabilitation Therapy Director. The duties of the position remained of an administrative nature in directing the overall rehabilitation program of the hospital. Requirements for the position did not change.

The position title for the directors of the four departments under Rehabilitation Services was changed from Rehabilitation Therapist II to Rehabilitation Therapist Supervisor. The supervisors at Broughton were and remain Mr. Littlejohn in Recreation Therapy, Mr. Suddreth in Industrial Therapy, Mrs. Penn in Volunteer Services, and Mrs. Lee Greene in Occupational Therapy. Mrs. Greene filled the long vacant position on July 1, 1970. The duties of the position of supervisor and the requirements for employment remained basically the same as before the title change. The Industrial Activities Workshop, which had been a part of Industrial Therapy, became the fifth division of Rehabilitation Services on June 1, 1971. Mr. Everett Avery was supervisor of the new department which located in the old recreation building.

A new position, that of community consultant, was added to the recreation and occupational therapy staffs. Classified as Rehabilitation Therapist II, the position somewhat resembled the one proposed by Mr. Lane in 1968. The duties of the new position as described by the State Personnel Department (1971) included:

> Employees provide consultation to the staff of community mental health centers, boarding homes, day care centers, and half-way houses on the objectives and content of recreational or occupational therapy programs. Major duties include inventory of existing resources and advice on the development of programs specific to the varying needs of facilities served . . . . Encourages local centers to establish rehabilitative programs in recreational and occupational therapy by explaining their use in the effective treatment of patients at the local level who might otherwise be institutionalized, or in the follow-up treatment of state-discharged patients facing readjustment. Counsels on program content and instructs local staff members in the therapeutic use of a variety of games and crafts; inventories resources available for creating a program; advises regarding equipment and supplies necessary. Drafts evaluative reports to superiors reflecting the development and progress of community programs, including recommendations for continued program development. Evaluates established programs for content and effectiveness; suggests modifications when felt necessary for improvement (np).

The position required a bachelor's degree with a major in the respective area and a six-month internship in an accredited department.

The Rehabilitation Therapist I position was downgraded in the 1970 reclassification. Having previously required a bachelor's degree, the position now required only an associate degree and two years of experience or a high school diploma and four years of experience. In addition, the position of

Rehabilitation Therapist I Trainee was approved. The requirements for a trainee appointment was an associate degree or a high school diploma and two years of experience. A trainee could obtain the Therapist I position while being employed at the hospital by meeting the full requirements of the position. The duties of the Therapist I employees were:

> Employees plan and conduct a recreational occupational, industrial, or musical therapy program for the rehabilitation of mentally ill or handicapped patients in a geographical or special unit of a state hospital . . . . Initially evaluates patients referred for background through oral interview and review of files; plans and conducts a variety of therapeutic indoor and outdoor recreational, arts and crafts activities, and work activities; evaluates patient progress, modifies activities according to progression, and write periodic progress reports for patient files (np).

The last two positions on the staff of the Rehabilitation Services Department remained classified as Rehabilitation Aides II and I. Only a high school diploma was required for the positions with the Aide II position being obtained after at least two years of experience. Duties involved leading a variety of activities in a therapeutic setting and keeping routine records and notes of patient progress.

Rehabilitation therapist I. With the new rehabilitation position titles in effect, the possibility of automatically moving all former rehabilitation aides with four years of experience into the Therapist I position was discussed. The rehabilitation directors in the four North Carolina state hospitals strongly objected to the idea. They felt that it would even further downgrade the Therapist I position. They went through their

respective supervisors to get training programs for the aides approved. Although the programs were not required by the State for those aides with four years of experience, each hospital rehabilitation director made it mandatory for his staff. One recreation aide, Janice White Duckworth, met the requirements for Therapist I and, thus, was promoted to that position in June, 1970. Paul Grady maintained his position as a Therapist I.

Broughton Hospital planned and developed a two-year training program in recreation and occupational therapy in conjunction with Western Piedmont Community College in Morganton. Mrs. Warrick made it mandatory that her staff, when applicable, enter the program and work toward a certificate of completion of 252 quarter hours of study. The training program did not culminate in the awarding of an associate degree but followed closely the curriculum for such a degree in recreation or occupational therapy. The curriculum included English I and II, sociology, abnormal psychology, 30 hours of occupational therapy, 30 hours of leadership development and program planning, 36 hours of basic psychiatric nursing, basic calisthenics, square dancing, basic sports, and the operation of audio-visual equipment. The courses of the program were offered on hospital time, usually during the last hour of the employees' workday. The employees continued to perform their duties on assigned units while being enrolled in the two-year training program (I. Warrick, personal communication, December 29, 1975, April 14, 1976).

The recreation staff at first objected to returning to school. They felt their jobs to be in jeopardy as they were required to pass the program in order to maintain their positions in Rehabilitation. Yet, Mrs. Warrick was firm in her belief that the action taken would result in a much improved and more professional recreation department and program. She and Mr. Littlejohn believed that the training program would improve the skills and professional attitudes of the recreation staff and would in turn be of benefit to the patients.

Two of the nine recreation aides had started work toward an associate degree in therapeutic recreation technology prior to June, 1970. Jerry and Janice Duckworth, husband and wife, had entered Caldwell Community College in Lenoir, North Carolina in January, 1969. Mrs. Duckworth had completed enough of the required courses by June, 1970 to qualify as a Therapist I. She graduated with an A. A. degree in therapeutic recreation technology in December, 1970. Jerry Duckworth continued in the program at Caldwell graduating in May, 1971. He was promoted to Therapist I in June, 1971 (J. Duckworth, personal communication, April 14, 1976; Personnel Office, Broughton Hospital).

As Therapist I trainees, the remaining seven recreation employees entered the two-year training program at Western Piedmont Community College in June, 1970. The employees were Vernie Chapman, Ruth Hastings, Marge Hoyle Reep, Nancy Williams, Kenneth Duckworth, Norman Duckworth and Donald Ramsey. Robert Shuping, employed in the Industrial Activities Workshop in March,

1969, also entered the program. Kenneth Duckworth resigned as Therapist I trainee in September, 1970 to accept a position out of the field of mental health. Robert Shuping soon after transferred to the Recreation Department filling the vacancy. The trainees completed the training program in June, 1972 and all but Mr. Shuping were promoted to the Therapist I position in June of that year. Mr. Shuping had to obtain two years of experience to qualify as a Therapist I which he did in April, 1973 (Personnel Office, Broughton Hospital).

Mrs. Warrick made it a policy of the Rehabilitation Services Department to employ no one after June, 1970 without a two- or four-year degree. New employees were to be classified as trainees until the full requirements of the position of Therapist I were met. Only one such person was employed by the Recreation Department within the next three years. Kirby Randall was hired on January 15, 1973 to temporarily replace an employee who was out on maternity leave. Mr. Randall, who held a B. A. degree in sociology and anthropology, remained on the staff after his temporary placement ended. He was classified as a trainee for a short period as his degree was not in recreation or a related field (Personnel Office, Broughton Hospital).

A bus driver was employed in February, 1973 to operate the vehicles used by the Recreation Department. Kenneth Hamrick replaced Melvin Phillips in the position classified as Truck Driver. The position was not covered under the Rehabilitation Services personnel quota; thus, the salary was paid from the

Commissary Fund of the hospital. Mr. Hamrick, who held a B. S. degree in science education, was later to join the recreation staff as a Therapist I trainee (I. Warrick, personal communication, June 24, 1976).

The duties of the Therapist I's have been described. In addition to planning and conducting unit recreation programs, the therapists participated in multi-discipline team conferences to evaluate patient progress (North Carolina State Personnel Department, 1971). At the meetings, the unit doctor and staff representative could get a report of the patients participation in recreational activities. It was also important for the recreation therapist to learn of any change in the routine of the patients in the units, such as a change of medication that might alter their behavior.

The recreation personnel had long made monthly reports to the recreation supervisor. Beginning in October, 1969, they were instructed to submit a monthly report to their respective unit directors. The report was to include (a) a summary of planned and special activities, (b) the number of patients participating in inter-hospital activities, and (c) statements on progress, planning, and problems (Littlejohn, Memorandum, October 27, 1969). The written reports would further assist the unit directors in keeping up to date on the unit patients.

The recreation staff was assisted at various times on the units with field placement students from Caldwell Community College, Western Piedmont Community College, and Davidson College. The

students, working toward degrees in various aspects of mental health, were assigned to the Recreation Department for part or all of their field placement duty. Summer employees also assisted the therapists in conducting their unit programs. These employees were rotated through the units to work with each therapist and filled in for the therapists while they were on vacation (Littlejohn, September, 1969 - December, 1970; Warrick, December 1970 - August, 1973).

The usual work routine for the therapists was severely disrupted in the spring of 1972. The shortage of staff in Unit D-1 had become a major problem. It was decided to place employees from the Recreation Therapy and Occupational Therapy Departments temporarily on the unit as psychiatric aides. Seven of the ten recreation therapists were assigned to the Mecklenburg unit from May 15 to June 30, 1972 to assist the unit staff in caring for the patients. The remaining recreation personnel conducted a small scale recreation program from the gymnasium. After the six weeks assignment in Unit D-1, the employees returned to their units and the recreation programs continued as usual (Littlejohn, April, 1972 - April, 1973).

Rehabilitation therapist II. An employee was obtained in 1970 to fill the new position of Rehabilitation Therapist II in recreation therapy. Miss Sandra Trimble began her tenure at Broughton Hospital as a Therapist II on September 1, 1970. A 1966 graduate of the Florida State University at Tallahassee, Florida with a B. S. degree in recreation, Miss Trimble also

held a M. S. degree in recreation administration from the University of North Carolina at Chapel Hill. Miss Trimble had been employed in the field of mental health prior to her arrival at Broughton. She was a Recreation Therapist I at Central State Hospital in Milledgeville, Georgia from 1966 to 1968. While earning a master's degree, Miss Trimble held the position of Recreation Worker II in the Department of Psychiatry at the University of Chapel Hill Memorial Hospital from August, 1968 to June, 1970 (I. Warrick, personal communication, June 17, 1976).

In her new position, Miss Trimble served Broughton Hospital in the capacity of a community consultant in aiding the development of the hospital units' recreation programs. Her first major task was to conduct a survey of existing recreational resources in the counties of the western region of the state in order to discover what recreational activities were available to patients after their release from the hospital. The complete survey was broken down into a survey of each area served by the geographic units. As each area survey was completed, Miss Trimble made an evaluation of the respective unit's recreation program and offered suggestions for program improvement. By early 1971, there was an additional unit making eight geographic units at the hospital. Two counties, Davie and Rowan, were added to the western region raising the number of counties served by Broughton Hospital to 32. The two counties were combined with Iredell County of Unit D-2 to form Unit D-3 or the Tri-County Unit. Mrs. Janice Duckworth conducted the recreation programs for both units (Broughton Hospital, July, 1971; Trimble, April, 1972).

The community surveys included municipal recreation programs, mental health centers, and the Y.M.C.A. and Y.W.C.A. programs. Visits were made to as many facilities as time allowed and meetings were held with the directors of the various agencies. These visits and meetings often involved the respective hospital unit recreators. Not only was the purpose of the survey to upgrade the hospital programs, but to foster better communication and a working relationship with Broughton Hospital and the mental health centers and municipal recreators. A continuing positive working relationship with the agencies would be necessary for the hospital to provide community-oriented programs with recreational carry-over value for the patients.

The study of the community recreation facilities and hospital unit programs took 17 months to complete. Miss Trimble's report (April, 1972) of the findings of the community survey and unit programs included discussions and recommendations for the community and the hospital in view of recreation and a proposal for a revision of the hospital recreation program.

There were other duties related to the Therapist II position that Miss Trimble performed along with the extensive geographical survey. She worked with Mrs. Hastings in developing the recreation program for the Alcoholic unit. A great deal of time was spent also in an attempt to initiate a recreation program in the Geriatric unit. Miss Trimble was responsible for structuring the programs for the field placement students from the several colleges that worked closely with the hospital. She also

taught some of the courses of the trainee programs offered to the rehabilitation aides and conducted several workshops in basic leisure for rest home and boarding home operators in the western region of the state (Trimble, September, 1970 - October, 1972).

Recreation Facilities, Equipment, and Supplies

In order for a recreation department to function therapeutically and expand its program, its facilities must be maintained and developed. Adequate equipment and supplies must be available and new items obtained as new activities are added to the program. Yet, Mr. Littlejohn was constantly faced with administering a program with limited facilities and insufficient funds for equipment and supplies. Needed items took long periods of time to obtain and were often not acquired. With the unit system in effect, separate recreation programs required separate materials and supplies. A limited budget made it difficult to duplicate the purchases of supplies and the purchase of larger equipment such as movie projectors, record players, and pool tables for all the units. Additional facilities to expand the sports phase of the program were needed but not obtained.

In his final report to the superintendent, Mr. Lane (1969) stressed the fact that the budget for Rehabilitation Services proved a detrimental factor in program planning. The budget for supplies and materials had not been increased in the 6½ years that he had been employed at the hospital. Miss Trimble (April,

1972) made the same observation in relating the problems facing the Recreation Department. It had now been over 10 years since the budget had been increased. The department continued receiving monies from the Recreation Account of the Commissary Fund. The department did receive additional funding for equipment, materials, and supplies for the fiscal year beginning in July, 1973 (Warrick, December, 1970 - August, 1973).

Mr. Littlejohn (January 26, 1970) made a report in early 1970 as to the major needs of the Recreation Therapy Department. First on the list was a request for a 50-passenger activity bus. The bus in the department, a 35-passenger, 1966 model, had been out of order for a long period of time in the fall of 1969. Even in operation, it could not handle the community trips and the local bus rides that were scheduled. Buses were often borrowed from Western Carolina Center and the Vocational Rehabilitation Department of the hospital causing a great deal of inconvenience.

There were several recommendations for improving the outside recreation area:

> Development of the patients' softball field with the addition of a field house with dressing rooms and restrooms and running water, covered bleachers to seat 100 patients, a better backstop, steps with hand rails leading down to the field, patients marked crossing on Coal Shute Road over to the steps and traffic slow and/or caution signs placed on both sides of the crossing lines, and a sidewalk from the gym parking lot down to the softball field . . . . Patients' picnic area is needed in the vicinity of softball field and patients' fishing pond (p. 1).

The softball field was in poor condition. Water stood in the infield after rains and a drain ditch running near the field

proved dangerous to the patients. There were no accommodations for sitting nor were there any restroom facilities in the area of the field. Other improvements that Mr. Littlejohn felt were necessary for developing the outdoor program were hiking trails in and around the farm and a miniature golf course.

The bus situation was to get worse before a new bus was acquired. By May, 1971 the bus was in such poor condition that it was limited to trips within a 15-mile radius of the hospital. Few community trips could be scheduled as buses had to be borrowed. Mrs. Sadie Kirkman of Charlotte, North Carolina, taking an interest in the situation, sponsored projects to raise funds for the purchase of a new bus. A 1972 International 20-passenger and 5 wheelchair capacity bus arrived at Broughton in February, 1972. A 45-passenger, 1972 International bus was later purchased through the Recreation Account of the Commissary Fund. A 1971 9-passenger van was also acquired. Yet, for two years the recreation program suffered as community trips for patients virtually came to a standstill (Warrick, December, 1970 - August, 1973; Recreation Therapy Department, 1973).

Plans for improving the outside recreation area were formulated in the summer of 1970. However, funds were not made available to carry out the plans. Tennis courts had been added to the plans, but had not been constructed. The only outdoor recreational facility added to the existing softball field, fishing pond, and six horseshoe courts was a basketball goal assembly erected in the west corner of the west parking lot at the

Recreation Therapy-Occupational Therapy building in July, 1972 (Littlejohn, September, 1969 - December, 1970; April 1972 - April 1973; Recreation Therapy Department, 1973).

The recreation building facility was also of concern to the administrative staff. When the building was constructed, the recreation program was geared to participation by larger groups of patients. The building was by the 1970's not conducive to a program offering individualized leisure and social activities. Recommendations for improvements and an addition to the building were made. Only the request for acoustics for the gym was approved (Recreation Therapy Department, 1972-1973). There remained the problem with storage space and poor ventilation. Both Recreation Therapy and Occupational Therapy shared the storage area under the balcony. The ventilation system in the building was very inefficient and caused participants in activities to be very uncomfortable during the hot summer months.

Miss Trimble (April, 1972), however, felt that better use could be made of the areas within the recreation building. She noted five rooms that could be utilized by patients for various activities as they were not being used for their intended purpose. Two suggestions were to use one of the occupational therapy rooms on the first floor as an exercise room and to convert one of the rooms on the top floor, formerly used as the patients' library, into a TV and game room. The patients' library had been moved to the Center building in 1970 (I. Warrick, personal communication, June 24, 1976).

There were some additions made to the equipment available in the gymnasium. A report by the department in 1973 listed the equipment. In the way of sporting equipment, the department had basketballs, volleyballs, volleyball standards and net, badminton rackets and equipment, a billiards table, a table tennis table, two speedbag assembly sets, some weight lifting equipment, fishing equipment, and a basketball scoreboard and clock. Other equipment included two carnival popcorn poppers, 24 party tables, a public address system with turn table, an intercom system, a portable amplification system, two 35 mm arc lamp movie projectors, and a drop screen for movies. The movie projectors, having been requested for several years, were acquired in the spring of 1973 (Recreation Therapy Department, 1972-1973).

A stressing problem for many of the recreation staff was the lack of unit recreation areas in which to conduct their recreational programs. In 1969, Unit F had a designated area and Units C-1 and C-2 shared an area. By October, 1970 the recreators in Unit D-1, D-2, and B were able to locate areas in which to carry on their programs. Unit B, however, lost its recreational area to Centralized Electroshock in August, 1971. By April, 1972 Unit B, along with Units A-1 and A-2, still did not have designated recreational activity areas. It was reported in 1973 that only Units D-1 and C had recreation areas (Littlejohn, September, 1969 - December, 1970; April, 1972 - April 1973; Recreation Therapy Department, 1973). At any rate, many of the recreation staff were responsbile for planning and conducting a

variety of activities with no place in which to work. It was difficult to carry out planned activities without adequate facilities. Activities had to be conducted on the wards usually in the hallway. The winter months caused the most problems as many outdoor activities could be and were held in warm weather.

Recreation Programs

There were advantages to having the recreation staff assigned to the units. They could function more independently as therapists. The staff would be more directly associated with the professional personnel in the units as well as the patients. They were in a better position to form a working relationship with the community. Yet, there continued to be disadvantages to the unit system as far as recreation was concerned. Miss Trimble (April, 1972) found in her evaluations the same problems hindering the development of the programs that were recognized in the 1960's. Effort to resolve the problems had not been entirely successful as they were evident to some degree in 1971 and 1972. Inadequate training, lack of cooperation on the part of the unit personnel, and a lack of acceptance of the recreators as therapists continued in some units. A shortage of staff, and inconsistency in the patient-employee ratio, and the heterogenous mixture of patients in the units interferred with program planning. There had not been an increase in the recreation staff in 13 years. In 1972, the average patient population was 2,107 (Personnel Office, Broughton Hospital), but the ratio of recreators to patients varied

from one to 390 in the Mecklenburg unit to one to 75 in the Alcoholic unit. A total of 384 patients did not have access to a recreator (Trimble, April, 1972). Insufficient supplies, equipment, and facilities have previously been discussed as problems hindering the development of the unit programs.

Recommendations made by Miss Trimble (April, 1972) for improving the recreation programs included administrative procedures that would eliminate the problems confronting the recreation staff. Other recommendations were steps that the staff could take in better preparing the patients for discharge from the hospital. The therapists needed to keep abreast of community activities, do leisure counseling, and send recreation referrals to respective mental health centers when patients were discharged. It was thought that the hospital program could be more realistic with community recreation by offering evening and weekend activities in the gymnasium and other areas of the recreation building. Also, a year-round intramural sports program was suggested, based on the comparison of the types of activities found in the community and those in the units. Community programs tended to offer more physically active sports activities than the unit programs.

There were, nevertheless, many changes and improvements made in the unit programs up through 1973. The programs expanded as more sports, arts and crafts, and social activities were introduced. Facilities in and around Morganton were utilized providing activities that otherwise could not have been conducted. Invitations by interested groups and organizations resulted in more community

trips being made. The psychiatric aides on the wards took more interest in recreation. As early as 1970 some aides assisted the recreation staff in carrying out activities on the wards, in the gymnasium, and in community facilities. They also conducted evening and weekend recreational activities for their ward patients. By early 1973 some of the units had designated specific psychiatric aides to assist the recreation staff in their programs (Warrick, December, 1970 - August, 1973). The result was more patient participation in recreation and more individualized attention given to patients' recreational needs.

The improvement made in the unit recreation programs are attributed to several factors. The recreation administration was intent on upgrading the quality of professional services provided by the Recreation Department. Mr. Littlejohn and Mrs. Warrick set professional objectives and standards for the staff. They required attendance at unit and staff meetings, inservice training sessions, and professional recreation conferences and conventions. The trainee program was an example of the efforts made to improve the professional skills of the recreation staff. The two-year program was, no doubt, a factor relating to the development of a more therapeutic recreation program. The staff learned new recreational skills as evidenced by the new activities introduced into the unit programs. They became more efficient in a variety of recreational and mental health skills and felt more secure in their responsibilities for planning and conducting a program within the units (I. Warrick, personal communication, April 15, 1976).

The work of the community consultant and the Volunteer Services Department aided the therapists in expanding their programs. They opened up the channels for the increase of community-oriented activities. The community survey made the recreators aware of activities that needed to be implemented into their own programs. Because of the nature of her position, Mrs. Penn of Volunteer Services had numerous connections with the community. Interested individuals, groups, and organizations were encouraged to send invitations for patients to return to their home communities. They were made aware of certain needs of the Recreation Department which resulted in donations of recreational supplies and materials as well as volunteer work at the hospital. Once initial contacts were made, the recreation therapists continued the relationship with the volunteers and municipal recreators and initiated even more community activities.

Other attributing factors in the improvement of recreational services were the availability of other rehabilitative services for patients and the interest of the psychiatrists of the hospital in recreation. After 1969, a formal referral system was established whereby patients were referred by the medical staff to the various rehabilitation services with recreation maintaining a more open referral. With the expanded programs of these services, especially industrial therapy and the new Industrial Activities Workshop, referred patients were made ready for more extensive recreation therapy and preparation for community placement. The departments of Rehabilitation Services coordinated their efforts

in reaching common goals and better serving the patients (I. Warrick, personal communication, June 24, 1976).

The increase in the number of psychiatrists employed at Broughton in the latter 1960's and early 1970's brought about more interest in the use of recreation as a means of therapy. The psychiatrists were aware of the role recreation could play in helping meet the emotional, social, as well as physical needs of the patient. They worked closely with the recreation staff in their respective units in expanding the recreation program to better meet therapeutic goals (I. Warrick, personal communication, June 24, 1976).

The monthly reports by the recreation therapists, Mr. Littlejohn and Mrs. Warrick from September, 1969 to mid-1973 proved to be invaluable sources supplying the types of recreational activities conducted for the patients. These reports provided greater insight than any previous reports as to specific unit activities (Recreation Therapy Department, 1969-1973; Warrick, December, 1970 - August, 1973; Littlejohn, September, 1969 - December, 1970; April, 1972 - April, 1973). All information concerning the recreation programs was obtained from the reports unless otherwise designated.

Centralized activities. All of the well-established centralized activities remained a part of the total recreation program at Broughton in the 1970's. The units recreational personnel and staff were responsible for getting their patients to the gym or other centralized area for the activities. The

monthly birthday parties were scheduled for the second Wednesday of the month. The monthly shopping trips were scheduled for a number of years in the morning of each first Tuesday. However, the schedule was switched in January, 1973 to the afternoon of the first Friday of each month. The change was made so as not to interfere with scheduled unit gym activities.

Movies and dances continued to be popular. The recreation staff were alternately assigned to be in charge of the dances and to show the movies. The scheduling of the activities changed several times to meet the needs of the Recreation Department. A major change in scheduling was made early in 1971. Instead of occurring weekly, the two activities were rescheduled to alternate from week to week on Friday night. The change was made because the films had become too expensive to obtain on a weekly basis. Organized gym activities including basketball, volleyball, and badminton were then scheduled for each Wednesday night.

The movie and dance schedule changed again in February, 1972. The dances were moved back to Wednesday night on a weekly basis. The Friday night movies alternated each week with scheduled gym activities. In January, 1973, the dance schedule changed for a third time. The dances were to be held on Wednesday night every other week between the Friday night movies. They were subject to be replaced on occasion by other scheduled activities.

Centralized seasonal and special programs were planned and carried out by the entire recreation staff. The annual Halloween carnival, field day, and Christmas and Easter programs were popular

events. In October, 1972, two Halloween carnivals were planned. One was held in the afternoon for closed ward patients of which 300 attended. A second carnival was held in the evening for the open ward and working patients of which 400 attended. Industrial League sports activities participated in by the hospital employees continued. Attempts were made, as they had been in previous years, to organize patients' teams. However, the turn-over rate for patients was too high for the efforts to be successful.

Several patients' talent shows were presented. They added to the centralized activities phase of the hospital program. Most of the special programs presented at the hospital were centralized in the gym. Many of the varied typed of programs were sponsored by outside agencies and were in keeping with the community concept of therapy.

Music therapy for the hospital continued under the direction of Paul Grady. Having been located in Jones building since 1965, Mr. Grady moved his office and musical equipment back to the recreation building in June, 1970. He relocated in the smaller of the two rooms formerly used as the patients' library. The move was necessitated by the fact that the new Physical Therapy Department required the office space in Jones building occupied by music therapy. Mr. Grady visited the wards providing musical activities, gave private lessons, and provided music for special and centralized activities. He remained in charge of the church choir until 1971 when the activity was discontinued due to the short term stay of the majority of patients. At this time,

extensive music therapy was made available for the hospitalized youth (M. Bush, personal communication, June 24, 1976; P. Grady, personal communication, April 26, 1976).

The patients' library was also relocated in 1970, moving from the recreation building to the second floor of Center building. The move to the more central location was made so that better control could be kept over the books, book carts could be sent to the wards, and to attempt the setting up of ward libraries. Many of the old books were discarded and others, along with magazines, were placed on the wards. Beginning in 1970, the library received approximately $1,000 annually from the North Carolina State Library Surplus Fund for recreational reading material. Magazines for the library were purchased through Rehabilitation Services and numerous newspapers were donated by the western counties of the state. The hospital personnel were encouraged to think of the library as a recreational activity and as a source of remotivation material for staff members. The recreation therapists and ward attendants brought patients to the library to browse, read, and for story hours. One disadvantage found to the library's new location was that it was not as accessible to parole patients as when the library was located in the recreation building (M. Bush & I. Warrick, personal communication, June 24, 1976; S. Merriell, personal communication, July 30, 1975).

Unit activities. The unit recreation programs had greatly expanded by 1973, offering a larger variety of activities for the

patients. Several of the therapists initiated new activities that were followed up in other units. The activities conducted by some or all of the therapists have been divided into three categories: (a) activities on the wards, (b) activities on the hospital grounds, and (c) activities away from the hospital. Numerous table games and quiet games were conducted on the wards of the units. They included puzzles, cards, checkers, bingo, and monopoly. Some arts and crafts activities which did not require centralized equipment, such as leather work, coloring, painting, and work with clay, were scheduled on the wards. Other ward activities reported by the therapists were reading, music, dancing, personal grooming, seasonal parties and gatherings, and movies.

Activities on the hospital grounds included those occurring in the gymnasium, and on the athletic field. Gym activities were scheduled on a weekly basis so that all units would have access to the facility. At the gym, patients participated in basketball, volleyball, badminton, table tennis, pool, shuffleboard, indoor horseshoes, exercise programs, arts and crafts, music activities, and table games. Softball and low organized games were conducted on the athletic field. Fishing was popular according to the patient participation count. Croquet, horseshoes, leaf collecting, tours of the greenhouse, visits to the commissary and library, walks, and short hikes were made available to the patients on the hospital grounds.

Many recreational activities were conducted away from Broughton Hospital. Trips were made into the patients home communities for various sporting events, musical and dance performances, plays, parties, picnics, suppers, and to visit parks and tourist resort areas. Some specific examples include the zoo, wrestling matches, car races, and Tweetsie Railroad. Facilities in and around Morganton were utilized by the recreation therapists to expand their programs. Patients participated in bowling, golf, miniature golf, swimming, picnics, and luncheons in local recreation and commercial areas. Facilities at Western Carolina Center were used for golf and swimming. They attended movies, sporting events, circuses, town parades, county fairs, and musical and dance performances in Morganton, Valdese, Drexel and surrounding communities. Bus rides were taken to local points of interest such as Lake James and to see Christmas decorations and lights. Hiking and camping in the nearby mountain area were the latest activities made available.

Each unit program was conducted differently, based on the interests and abilities of the patients and the special talents of the therapists. The therapists took the initiative in planning new activities and, in a sense, experimenting with approaches to gain the patients interest and ultimate participation. Certain activities were more successful on some units than were others. A closer look at some of the units will point out the new activities incorporated into the programs. The Geriatric unit will also be discussed as an attempt was made to initiate a recreation program

for the elderly patients. Neuroscience, a new specialty unit, and the hospital wards (Medical-Surgical) of the Jones building were not covered by the Recreation Department.

Units A-1 and A-2 covered the 13 most western counties of the region served by the hospital. The recreation therapists of the Frontier units, Don Ramsey and Marge Reep, worked together in providing many activities. Some of the activities initiated into their programs are listed below:

1. Personal grooming classes were conducted by the therapists as early as the fall of 1969.
2. A special recreation program was started for the young patients in June, 1970. Activities for the youth were conducted in the gymnasium on Tuesday evenings from 6:30 to 8:30 p.m.
3. Occupational therapy offered arts and crafts classes for long term male patients in A-1 and C-1 units as of February, 1971. The recreation therapists were in charge of the activities.
4. The F-2 dining room was utilized for a dance class and social hour beginning in the fall of 1971. The activities continued to be part of the unit programs.
5. A Senior Citizens Club was organized for patients on Wards 20 and 23 of Unit A-2 in February, 1972. At the same time, a crafts program was started on Ward 24.
6. Group therapy sessions were started on Ward 15 of A-1 unit in August, 1972.

Unit B was made up of two geographic catchment areas covering five counties on the southern border of the state. Two therapists, Nancy Williams and Robert Shuping, were assigned to Center Lane unit. There were some new developments in their recreation program after 1969.

1. The therapists supervised a group of volunteer high school students from Rutherford County in conducting ward activities in the summer of 1971.
2. The therapists emphasized activities for the elderly, regressed and chronic patients. These groups had tended to be ignored in prior programs.
3. Patients in Ward 6 took part in planning their recreation program as of April, 1972. The idea spread to other wards and units.
4. The therapists, as did the the therapists in other units, planned and conducted evening activities in the gymnasium. By February, 1973, Unit B had two evenings a week scheduled for gym activities.

The geographic area for C-1 unit consisted of the five most northern counties of the western region. Unit C-2 covered four counties immediately south of the Gateway unit. Norman Duckworth of C-1 and Vernie Chapman of C-2 worked together in many activities. The following are highlights of their programs:

1. Patients from C-2 were involved in dance classes by the summer of 1970.
2. Recreational activities for C-2 were scheduled on a

weekly basis at Drexel Community Center beginning February, 1971. Unit C-1 later participated.

3. By January, 1972 patients from the Gateway unit were attending movies at the Mimosa Theatre in Morganton. Unit C-2 later added the activity to its program.
4. Patients from both units participated in one day of activities at the Outward Bound School at Table Rock in September, 1972. The program proved successful and continued, involving other units. Five of the recreation staff attended a week long Outward Bound seminar in March, 1973. The cost of the seminar was paid through a small grant from Outward Bound and from sales from the Occupational Therapy Department. This researcher was privileged to attend the school for a day with patients from Units C-1 and C-2 in the summer of 1973.
5. Hiking at Table Rock and the Linville Gorge area began in October, 1972 and resumed in the spring of 1973. The activity was part of the therapists' long range plans to initiate camping into their programs (N. Duckworth, personal communication, June 10, 1973).
6. The first hospital camping trip was conducted by Mrs. Chapman and Mr. Duckworth in July, 1973. Eight patients, the two therapists, two psychiatric aides, and this researcher went on an overnight camping trip to Wilson Creek near the Mortamer area. Camping equipment was borrowed from Western Carolina Center. Activities during

the trip included camping skills, horseshoes, card games, and short hikes.

The Unit D-1 area consisted of Mecklenburg County only. Jerry Duckworth, as recreation therapist, received much support from the county in the way of donations of recreation equipment and invitations to functions within the county. A few examples of trips made into the county are: (a) Elvis Pressley performance, April 13, 1973; (b) Art Festival at Freedom Park, September 22, 1972, and (c) an ice hockey game in Charlotte, October 17, 1972. Several new activities were initiated for the Mecklenburg patients.

1. A weekly Thursday morning bowling program at the Drexel Community Center began in April, 1972.
2. In August, 1972, the unit switched its bowling program from Drexel to Mimosa Lanes in Morganton.
3. Nine patients visited and participated in the Outward Bound School in September, 1972.
4. Mrs. Nancy Long, psychiatric aide assigned to recreation, initiated ceramics into the program in November, 1972.

The Alcoholic unit (ARC) served all the counties in the western region of the state. Mrs. Ruth Hastings was responsible for the smallest number of patients of any of the other therapists. She initiated many community-oriented activities.

1. With the assistance of a psychiatric aide, a leather craft and ceramics program was started in January, 1971. Space for the ceramics workshop was found in the unit.
2. Recreational activities, including bowling, were scheduled on a weekly basis at Valdese Community Center beginning in February, 1971.
3. The ARC patients were able to attend local movies in Morganton beginning in April, 1972. Also a hiking program was started that proved successful.
4. Trips to the Morganton Recreation Center were scheduled on a weekly basis beginning in October, 1972. Dean Garrison, psychiatric aide, assisted with the program.
5. With the assistance of Johnny Wilson, psychiatric aide, an ARC exercise program was started on June 8, 1973. The program was scheduled three days a week from 9:00 to 11:00 a.m. Games and sports activities were planned to follow the exercises. Funds from the unit were used to purchase shorts, shirts, and socks for the participants and the hospital furnished tennis shoes. This researcher observed the first two sessions of the program. At the first session 36 men and 2 women participated and at the second, 38 men and 2 women participated. There appeared to be very good cooperation and interest on the part of the patients.

Due to the limited number of employees on the recreation staff, no recreator was assigned to the Geriatric unit on a full-time basis. In early 1969, the nine recreators assigned to units were also assigned to part-time duty on G unit. In September, 1969, Mr. Littlejohn (September 23, 1969) and Dr. Micheal McCall, Director of G unit, discussed the need for a recreation program for the aged patients. Possible measures that could be taken to develop such a program were shared. However, no changes were made in the work routine.

One of the tasks for Miss Trimble, as Therapist II, was to initiate an effective recreational program for G unit. Within the first month of employment she, in conjunction with the recreation and unit staff, formulated G Project (Trimble, November, 1970). In the initial program each therapist was scheduled to work one-half day per week in the unit with selected patients who could possibly benefit from recreation. They were to set goals for the selected patients and plan activities suitable for attaining the goals. With written instructions from the recreation staff, the ward personnel was to continue the activities with the patients in the recreator's absence. Progress notes were to be kept on each patient.

Problems immediately arose concerning the program and an evaluation of G Project was made in November, 1970 (Trimble). A major weakness found in the program was the limited amount of time that the recreation and unit staff had to spend in conducting

activities for the aged patients. Wednesday afternoons was the time chosen by most of the therapists to visit G unit, and often other commitments prevented their keeping that schedule. As a result, planning cards and progress notes were not kept up to date. The recreators were concerned about the referral of patients for an exercise program and the individual goals set for them. There seemed to be little or no referral from the physicians in the unit and no indication of whether recreational goals set for the patients were approved by the unit staff. The recreators, feeling unqualified to determine whether it would be harmful or beneficial to help a patient walk, expressed the desire to have authorized approval for the goals.

In making suggestions for improving G Project, the recreation staff recommended that a full-time recreator be employed for the unit. It was suggested that the goals for the patients be changed to low organized activities and entertainment until an effective referral system for an exercise program could be established. Other suggestions included the involvement of the second shift unit personnel and the occupational therapy staff in the project. The results of the evaluation revealed the need to revise the recreational program for the Geratric unit.

Meetings were held over the next few months concerning the problems resulting from the program (Trimble, September, 1970 - October, 1972). In the meetings and in visitations to the wards, Miss Trimble found a seemingly lack of interest on the part of the unit personnel and insufficient interest among the

recreation staff concerning G Project. The negative attitudes were proving to be detrimental to the program. As Miss Trimble became more involved in the community aspects of her position, she had less and less time to spend on G unit. She could not follow up on the recreator's program in providing activities for the geriatric patients in the unit. In November, 1971 the recreation program in G unit was discontinued due to the complete lack of effectiveness of the program. It was decided that special parties for the geriatrics would be handled by the Recreation Department on request from the unit staff.

Developments for the Future

Broughton Hospital went through reaccreditation procedures by the Joint Commission on Accreditation of Hospitals in the spring of 1973. In preparation for the review, the Recreation Department (1973) formulated the Recreation Therapy Organizational Plan. The accreditation summary included the purpose, philosophy, objectives, and operational procedures of the department. On being reaccreditated, the department faced the challenge of continuing and further developing an appropriate therapeutic recreation program in view of the purposes and objectives of the department.

The Mental Patients Rights Bill put into effect by the North Carolina General Assembly (1973, Ch. 475) in 1973 was to affect the Recreation Department in its future operation. Provided in the Bill was the right at all times for each patient to "be out of doors daily and have access to facilities and equipment

for physical exercise several times a week (p. 573)." As patients on certain wards and units did not have access to recreation, new procedures had to be considered in hospital coverage. The problem of staff shortage and recreational facilities would affect any procedures taken in complying with the bill.

Another occurrence that would affect the future operation of the Recreation Department was the development of the Youth Activities Program (Trimble, September, 1970 - November, 1972). The program was formed for the young hospital patients 21 years old and younger and was recreation-oriented. Miss Sandra Trimble left her position as Rehabilitation Therapist II on November 1, 1972 to become director of the new program. Initially planned to start operating in January, 1973, the program did not officially get underway until May, 1973 (Youth Activities Program, 1973). The majority of the adolescents to participate in the programs came from Units B, C, and D-1. The recreation therapists were relieved of the responsibility of planning a recreation program for the young age group. As a new recreation department, the Youth Activities Program provided specialized recreational activities for the youth making the hospital aware of new activities that could be initiated into a therapeutic program. These activities could be adopted to meet the needs of the adult patients.

Further positive developments in 1973 were an increase in the Rehabilitation Services staff. The State Personnel Department approved 13 new positions for the department. The Recreation

Department received five new therapist positions and a music therapist position. Three positions were added to Occupational Therapy, two to the Industrial Activities Workshop, and one position each to Volunteer Services and Industrial Therapy. Kirby Randall, temporarily employed in January, 1973, filled one of the new recreation positions. Miss Elaine Scoggins was employed in August, 1973 as a therapist for the Geriatric unit. Mrs. Ruth Hastings left the Recreation Department to fill one of the positions in Occupational Therapy and was assigned to arts and crafts in the Alcoholic unit. Johnny Wison, a psychiatric aide who had assisted Mrs. Hastings in recreation, became the recreation therapist for the Alcoholic unit. The other three recreation positions and the music therapist position were not immediately filled. The Therapist II position, vacated in November, 1972, was not filled as of August, 1973 (Warrick, December, 1970 - August, 1973).

Summary

Even more effective than drug therapy in reducing the hospital patient population was the establishment of area mental health clinics and the changing policies of the state regarding rehabilitation. Mental health centers across the state made early diagnosis and treatment of mental illness possible on the local level and helped reduce the number of admissions to the hospital. Because of the local mental health services available after mid-1960, the hospital could return more

patients to their home communities. In order to accomplish this, it was necessary to rehabilitate the patients through skills that would enable them to function once again in society. Rehabilitation was possible only by getting the patients off of drugs and into social learning situations. It became the responsibility of the Rehabilitation Services Department, as its name implies, to provide the services in which patients could learn the working, social, and recreational skills that were necessary in normal living.

Considerable progress was made after 1969 in attaining rehabilitative goals set forth for recreation at Broughton Hospital within the new concept of community-oriented treatment. A major training program was conducted to upgrade the professional qualifications of the recreation staff. Proving to be a great asset was the staff stability as only two employees had left the department in the last eight years. A community consultant was employed to coordinate the hospital recreation program with those in the community. The community work done by the consultant proved invaluable to the therapists as they developed their unit programs. The programs were expanded as more and varied types of activities were introduced and used with patients' needs taken into consideration. Recreational activities that were available in the communities were offered in the unit programs. Activities were conducted in the evenings making the hospital programs more realistic with those in the community. Trips were made to the patients' home communities for various functions.

The Recreation Department continued to be hindered by the administrative problems of insufficient funds and staff and the problems resulting from the change into the unit system. Nevertheless, positive steps were taken toward overcoming the problems while providing a rehabilitative recreational program for the patients. The advancements came about through the efforts of the recreation administration and staff to upgrade the program and set therapeutic goals for the department. The department had established its position as a therapeutic aspect of the total treatment provided at Broughton and continued the efforts to improve its services to the mentally ill.

Chapter VIII

Summary and Conclusions

It was the purpose of this study to identify and record significant events in the development of recreation at Broughton Hospital from 1883 to August, 1973 in order to trace historically the emergence of a therapeutic recreation program within a mental institution. Specifically, answers were sought to the following questions:

1. When was Broughton Hospital established?
2. What were the circumstances involved in the establishment of the hospital?
3. When was recreation initiated into the total hospital program?
4. What were the purposes of the recreational services offered the patients?
5. How have these purposes changed?
6. What state and national trends have influenced the existence, use, and development of recreation at Broughton Hospital?
7. What hospital personnel have been responsible for conducting the recreation program?
8. What were their qualifications?
9. When was a formalized recreation department established?

10. What facilities have been available for recreational use?
11. What recreational activities have been available for the patients throughout the existence of the hospital?
12. What have been the outstanding events in the history of the recreation program provided at Broughton?

Summary and conclusions. Recreation of some form and degree has been a part of the total hospital program at Broughton Hospital since its opening in 1883. The progress made in providing recreation throughout the latter 1800's was due to the efforts of the hospital superintendent, Dr. P. L. Murphy, a foresighted man convinced of the therapeutic value of recreation for the mentally ill. Nevertheless, as the main emphasis of the hospital for many years was on custodial care, recreation was used to provide diversion and entertainment for the patients. Hospitalization was an end in itself; no efforts were made to relate activities as a therapy to meet the individual emotional, social, and physical needs of the patients. Advancements in the field of mental health in the twentieth century helped to change the attitudes towards mental illness and hospitals became treatment centers. The development of recreation as a part of therapy was affected by these advancements.

Recreational provisions for the mentally ill have been cited throughout history, but it was during and following World War I that the first major interest developed in using

recreation as a means of therapy. This interest lay mainly with the military and did not spread to the state supported institutions. Recreation programs were established in military and veterans hospitals in the 1920's and 1930's. Nevertheless, for approximately 25 years following the war, no major developments were made in the field of mental health and recreation in the state hospitals suffered as a result.

With the oncoming of World War II, the problems of mental illness became a concern of the federal government and the public. Developments in research within the mental health professions brought to light the need to prevent and treat mental illness. Studies were made concerning the causes of emotional problems and research resulted in new treatment procedures such as tranquilizing drugs in the early 1950's. Programs such as individual and group psychotherapy, vocational rehabilitation and behavioral modification were also introduced. Parallel to the mental health movement, the need for more organized recreational services for the mentally ill became evident. Colleges established in the 1950's curricula to train recreators for work in institutional settings. Recreation was seen for the therapeutic services that it could provide for the mentally ill. As a result, recreation programs were established in many state hospitals.

Further advancements in the field of mental health in the 1960's had a tremendous impact upon the development of hospital recreation. The care and treatment of the mentally ill extended into the communities as local mental health centers were

established. Emphasis was put on rehabilitating the hospitalized patient and returning him to the community. Complete reorganization of the state hospital structure resulted. The hospital programs decentralized to operate in units to provide more intensive therapeutic treatment for the hospital residents. Recreation became an important part of the rehabilitation services provided by the hospitals. Although problems resulting from the hospitals' reorganization hindered the expansion of the recreation programs for several years, recreation was at last recognized as an important part of therapeutic treatment for the mentally ill and was fast becoming accepted within the institutions.

The development of recreation at Broughton Hospital followed closely the national developmental trends in the field of mental health and therapeutic recreation. Unfortunately, no serious advancements were made in either field until after World War II. For 60 years, Broughton Hospital was left to its own devices for providing care for its patients. The role recreation played in the total program was partially dependent upon the philosophy held by the hospital administration toward recreation. It is apparent from the study made that the administration at Broughton perceived the importance of and need for recreation for the mental patients. Concerted efforts were made throughout the years to provide recreational activities and to expand services to meet the needs of the patients.

Certain developments in mental health on the state level in the early 1940's proved crucial to the growth of recreation

in the North Carolina state institutions. An investigation of Broughton Hospital in 1942 revealed the need for more adequate recreational activities for the patients. The investigation resulted in the establishment of the North Carolina Hospital Board of Control, the first organized central administration board to govern the state hospitals. The Broughton investigation and subsequent inspections by the Board of Control brought about improvements in recreation. Of great importance was the establishment of the Occupational Therapy Department in 1945 to which was delegated the responsibility of conducting a recreation program for the hospital. For the first time in the history of the hospital, designated hospital personnel were in charge of recreation. Prior to this, ward personnel had conducted recreational activities in addition to caring for the basic needs of the patients. The interest taken by the state along with the national developments in mental health and therapeutic recreation provided the impetus for the continuing growth of recreation at Broughton Hospital.

Several factors hindered the growth of recreation in the early years of the hospital and continued to have a detrimental effect on the development of recreation as a therapeutic aspect of hospital treatment. Broughton Hospital was constantly faced with inadequate funds and personnel inadequate in both numbers and training to conduct the necessary programs in its operation. The depression, World War I, and World War II added more patients,

decreased the funds available even for direct patient care, and filled the staff positions with temporary untrained personnel. The constant turnover in staff was a definite factor in the lack of earlier therapeutic development of the recreation program. The opening of a new hospital in 1947, new treatment procedures beginning in the 1950's, and the establishment of area mental health clinics in the 1960's led to a gradual decline in the total patient population, but the new philosophies of treatment and more intensive individualized therapeutic care required additional personnel, facilities, and equipment and more professionally trained personnel. These needs grew faster than state appropriations.

The Recreation Department at Broughton Hospital was established in June, 1953 when Jack Biggerstaff was hired as director of recreation. The initial staff included five aides and by 1959 there were nine aides and one Recreation Worker I. Recreation became a division of the Rehabilitation Services Department in 1959 along with occupational therapy, industrial therapy, and volunteer services. As sufficient personnel was not available, the recreation and occupational therapy staffs provided all of these services. It was 1968 before the Recreation Department was free of responsibilities other than those of recreation. No additions were made to the recreation staff, other than the community consultant, until mid-1973.

There were no definite requirements for the employment of recreation personnel for several years. By 1959, a high school diploma was required for aides and a four-year degree in recreation or a related field of study was required for higher staff positions. The recreation positions were classified as "therapists" in 1965, years later than the other rehabilitation services staff positions, but no change was made in requirements for persons filling the positions. It was left to the recreation directors to provide in-service training for their staff. The directors proved to be conscientious about the professionalism of the recreation personnel and worked diligently to educate them in the aspects of recreational services for the mentally ill. They found it necessary at first to teach recreational skills and methods in conducting activities. In 1970, a major training program was held to upgrade the qualifications of the aides. Emphasis was put on the therapeutic aspect of recreation and mental health skills in working with the mentally handicapped. The purpose of the program was to train them as recreation therapists rather than recreators.

The recreational activities provided for the patients throughout the years were at various times expanded in scope and number, decreased in scope and number, and completely stopped. Many types of activities remained basically the same; calisthenics, outdoor games and athletics, team games, indoor games, musical activities, and passive recreation such as reading,

movies, and special programs were evident throughout the total program. Although there was some community involvement in the early recreation programs, more community, social, and outdoor activities were provided in the later programs; among these being picnics, parties, community trips, sports activities off the hospital grounds, fishing, hiking, and camping. What was important about the types of activities available was the context in which they were used in relation to the patients' needs. The early use of activities was mainly for diversion, entertainment, and to meet physical needs. Later, the same activities plus newly added ones were altered and designed to meet the emotional, social, and physical needs of the patients. The trend in the use of activities developed from diversion, to "therapeutic fun," and very recently to "therapeutic treatment." Recreation alone was therapeutic, but true therapeutic recreation was realized only through the accessment of patient needs, setting goals and objectives to those needs, and evaluating the progress made through the activities provided. Recreation at Broughton Hospital in 1973 was approaching the third step in the development of therapeutic recreation. The idea of true therapeutic recreation had been recognized, but time was needed to fully expand the program.

In conclusion, the further development of therapeutic recreation at the hospital is contingent upon the professional growth of the recreation personnel. The role of the hospital recreation therapist has changed with the advancements in total

therapeutic treatment such as psychochemotherapy, behavior modification, and the problem-oriented approach to patient care. If the growth of the recreation program continues as portrayed in this historical study, the future holds greater use of the recreation personnel in the total treatment within the hospital and within the hospital-community coordinated therapeutic recreation program. Due to the scope of this study, total therapeutic treatment as it affects recreation was not dealt with to any great extent. Further possible study is indicated in the areas of psychochemotherapy and its effect upon the implications of therapeutic recreation programs, non-drug therapies and their effects upon recreation, and community-based recreation programs developed in cooperation with the hospital, including day care, rest home, and mental health programs.

Bibliography

Bibliography

A. Primary Sources

1. State Laws

Clark, W. (Ed.). The state records of North Carolina. Vol. 24. Laws 1777-88. Goldsboro: Nash Brothers, 1905.

North Carolina General Assembly. Laws of the state of North Carolina 1848-49. Raleigh: Thomas J. Lemay, 1849.

North Carolina General Assembly. Laws and resolutions of the state of North Carolina 1874-75. Raleigh: Josiah Turner, 1875.

North Carolina General Assembly. Laws and resolutions of the state of North Carolina 1876-77. Raleigh: News Pub., 1877.

North Carolina General Assembly. Laws and resolutions of the state of North Carolina 1879. Raleigh: The Observer, 1879.

North Carolina General Assembly. Laws and resolutions of the state of North Carolina 1881. Raleigh: Ashe and Gatling, 1881.

North Carolina General Assembly. Laws and resolutions of the state of North Carolina 1883. Raleigh: Ashe and Gatling, 1883.

North Carolina General Assembly. Laws and resolutions of the state of North Carolina 1891. Raleigh: J. Daniels, 1891.

North Carolina General Assembly. Public laws and resolutions of the state of North Carolina. Winston: M.I. & J. C. Stewart, 1897.

North Carolina General Assembly. Public laws and resolutions of the state of North Carolina 1899. Raleigh: Edwards & Broughton & E. M. Uzzell, 1899.

North Carolina General Assembly. Public laws and resolutions of the state of North Carolina. Raleigh: E. M. Uzzell, 1905.

North Carolina General Assembly. Public laws and resolutions of the state of North Carolina. Raleigh: E. M. Uzzell, 1909.

North Carolina General Assembly. Public laws and resolutions of the state of North Carolina. Raleigh: Mitchell, 1921.

North Carolina General Assembly. Public laws and resolutions. Raleigh: Commercial Printing, 1923.

North Carolina General Assembly. 1943 session laws and resolutions. Charlotte: Observer Printing House, 1943.

North Carolina General Assembly. 1959 session laws and resolutions. Winston-Salem: Winston Printing, 1959.

North Carolina General Assembly. 1963 session laws and resolutions. Winston-Salem: Winston Printing, 1963.

North Carolina General Assembly. Session laws and resolutions. Winston-Salem: Winston Printing, 1965.

North Carolina General Assembly. 1973 session laws and resolutions. Winston-Salem: Winston Printing, 1973.

2. Biennial Reports

Commissioners to Build the Western Insane Asylum of North Carolina at Morganton, N. C. First biennial report. Raleigh: News Job Office & Book Bindery, 1876.

State Hospital at Morganton. Biennial report of the state hospital at Morganton. Raleigh: Bynum, 1928.

State Hospital at Morganton. Biennial report of the state hospital at Morganton. Raleigh: Bynum, 1930.

State Hospital at Morganton. Biennial report of the state hospital at Morganton. No printer, 1932.

State Hospital at Morganton. Biennial report of the state hospital at Morganton. No printer, 1934.

State Hospital at Morganton. Biennial report of the state hospital at Morganton. No printer, 1936.

State Hospital at Morganton. Biennial report of the state hospital at Morganton. No printer, 1938.

State Hospital at Morganton. Biennial report of the state hospital at Morganton. No printer, 1940.

State Hospital at Morganton. Biennial report of the state hospital at Morganton. No printer, 1942.

State Hospital at Morganton. Biennial report of the state hospital at Morganton. No printer, 1944.

State Hospital at Morganton. Report of the state hospital at Morganton. J. Daniels, 1893.

State Hospital at Morganton. Report of the state hospital at Morganton. Raleigh: J. Daniels, 1894.

State Hospital at Morganton. Report of the state hospital at Morganton. Winston: M. I. & J. C. Stewart, 1896.

State Hospital at Morganton. Report of the state hospital at Morganton. Raleigh: G. Barnes, 1898.

State Hospital at Morganton. Report of the state hospital at Morganton. Raleigh: Edwards & Broughton & E. M. Uzzell, 1901.

State Hospital at Morganton. Report of the state hospital at Morganton. Raleigh: Edwards & Broughton, 1903.

State Hospital at Morganton. Report of the state hospital at Morganton. Raleigh: E. M. Uzzell, 1905.

State Hospital at Morganton. Report of the state hospital at Morganton. Raleigh: E. M. Uzzell, 1907.

State Hospital at Morganton. Report of the state hospital at Morganton. Raleigh: E. M. Uzzell, 1909.

State Hospital at Morganton. Report of the state hospital at Morganton. Raleigh: E. M. Uzzell, 1911.

State Hospital at Morganton. Report of the state hospital at Morganton. Raleigh: Edwards & Broughton, 1913.

State Hospital at Morganton. Report of the state hospital at Morganton. Raleigh: Edwards & Broughton, 1915.

State Hospital at Morganton. Report of the state hospital at Morganton. Raleigh: Edwards & Broughton, 1918.

State Hospital at Morganton. Report of the state hospital at Morganton. No printer, 1920.

State Hospital at Morganton. Report of the state hospital at Morganton. No printer, 1922.

State Hospital at Morganton. Report of the state hospital at Morganton. Raleigh: Bynum Printing, 1924.

State Hospital at Morganton. Report of the state hospital at Morganton. Raleigh: Bynum Printing, 1926.

Western North Carolina Insane Asylum. Report of the western North Carolina insane asylum. Raleigh: Ashe & Gatling, 1884.

Western North Carolina Insane Asylum. Report of the western North Carolina insane asylum. Raleigh: Hale, 1887.

Western North Carolina Insane Asylum. Report of the western North Carolina insane asylum. Raleigh: J. Daniels, 1889.

Western North Carolina Insane Asylum. Report of the western North Carolina insane asylum. Raleigh: J. Daniels, 1890.

3. Annual Reports

Broughton Hospital. Report on audit. Raleigh: Department of State Auditor, 1959.

Broughton Hospital. Report on audit. Raleigh: Department of State Auditor, 1960.

Broughton Hospital. Report on audit. Raleigh: Department of State Auditor, 1961.

Broughton Hospital. Reports on audit. Raleigh: Department of State Auditor, 1963.

Broughton Hospital. Report on audit. Raleigh: Department of State Auditor, 1966.

Broughton Hospital. Report on audit. Raleigh: Department of State Auditor, 1968.

Broughton Hospital. Report on audit. Raleigh: Department of State Auditor, 1969.

Broughton Hospital. Report on audit. Raleigh: Department of State Auditor, 1971.

Fergerson, C. M. Report of the occupational therapy department at the state hospital at Morganton. Unpublished manuscript, Staff Library, Broughton Hospital, 1947.

North Carolina Board of Public Charities. Annual report of the North Carolina board of public charities. Raleigh: E. M. Uzzell, 1909.

North Carolina Board of Public Charities. Annual report of the North Carolina board of public charities. Raleigh: Edwards & Broughton, 1910.

North Carolina Board of Public Charities. Annual report of the North Carolina board of public charities. Raleigh: Edwards & Broughton, 1911.

North Carolina Board of Public Charities. Annual report of the North Carolina board of public charities. Raleigh: Edwards & Broughton, 1912a.

North Carolina Board of Public Charities. Annual report of the North Carolina board of public charities. Raleigh: Edwards & Broughton, 1912b.

North Carolina Board of Public Charities. Annual report of the North Carolina board of public charities. Raleigh: Edwards & Broughton, 1914.

North Carolina Board of Public Charities. Annual report of the North Carolina board of public charities. Raleigh: E. M. Uzzell, 1915.

North Carolina Board of Public Charities. Annual report of the North Carolina board of public charities. Raleigh: Edwards & Broughton, 1916.

North Carolina Board of Public Charities. Annual report of the North Carolina board of public charities. Raleigh: Edwards & Broughton, 1917.

North Carolina Hospitals Board of Control. First annual report of the North Carolina Hospitals Board of Control. In Reports of North Carolina mental institutions. Raleigh: Author, 1944.

North Carolina State Board of Charities and Public Welfare. Bulletin of the North Carolina state board of charities and public welfare. Vol. III, No. 4. Raleigh: Author, 1920.

State Hospital at Morganton. Report on audit. Raleigh; State Auditor's Bureau of Institutional and Departmental Auditing, 1943.

State Hospital at Morganton. Report on audit. Raleigh: State Auditor's Bureau of Institutional and Departmental Auditing, 1944.

State Hospital at Morganton. Report on audit. Raleigh: State Auditor's Bureau of Institutional and Departmental Auditing, 1945.

State Hospital at Morganton. Report on audit. Raleigh: State Auditor's Bureau of Institutional and Departmental Auditing, 1947.

State Hospital at Morganton. Report on audit. Raleigh: State Auditor's Bureau of Institutional and Departmental Auditing, 1948.

State Hospital at Morganton. Report on audit. Raleigh: State Auditor's Bureau of Institutional and Departmental Auditing, 1949.

State Hospital at Morganton. Report on audit. Raleigh: State Auditor's Bureau of Institutional and Departmental Auditing, 1950.

State Hospital at Morganton. Report on audit. Raleigh: State Auditor's Bureau of Institutional and Departmental Auditing, 1951.

State Hospital at Morganton. Report on audit. Raleigh: State Auditor's Bureau of Institutional and Departmental Auditing, 1952.

State Hospital at Morganton. Report on audit. Raleigh: State Auditor's Bureau of Institutional and Departmental Auditing, 1953.

State Hospital at Morganton. Report on audit. Raleigh: Department of State Auditor, 1954.

State Hospital at Morganton. Report on audit. Raleigh: Department of State Auditor, 1955.

State Hospital at Morganton. Report on audit. Raleigh: Department of State Auditor, 1956.

State Hospital at Morganton. Report on audit. Raleigh: Department of State Auditor, 1957.

State Hospital at Morganton. Report on audit. Raleigh: Department of State Auditor, 1958.

4. Monthly Reports

Circulation statistics. Unpublished manuscript, Patients' Library, Broughton Hospital, March, 1941.

Littlejohn, R. Monthly reports. Unpublished manuscript, Office of the Supervisor of Recreation, Broughton Hospital, September, 1969 - December, 1970.

Littlejohn, R. Monthly reports. Unpublished manuscript, Office of the Supervisor of Recreation, Broughton Hospital, April, 1972 - April, 1973.

Recreation Therapy Department. Monthly reports. Unpublished manuscript, Office of the Supervisor of Recreation, Broughton Hospital, 1967-1968.

Recreation Therapy Department. Monthly reports. Unpublished manuscript, Office of the Supervisor of Recreation, Broughton Hospital, 1969-1973.

Recreation Therapy Department. Patient participation. Unpublished manuscript, Office of the Supervisor of Recreation, Broughton Hospital, 1966-1968.

Trimble, S. K. Monthly reports. Unpublished manuscript, Office of the Supervisor of Recreation, Broughton Hospital, September, 1970 - October, 1972.

Warrick, I. S. Monthly reports. Unpublished manuscript, Office of the Supervisor of Recreation, Broughton Hospital, December, 1970 - August, 1973.

5. Minutes of Meetings

Recreation Therapy Department. Minutes of meetings of the recreation therapy department. Unpublished manuscript, Office of the Supervisor of Recreation, Broughton Hospital, 1972-1973.

State Hospital at Morganton. Board of Directors. Minutes of the meetings of the Board of Directors. Unpublished manuscript, Staff Library, Broughton Hospital, September 14, 1898 - April 12, 1906.

State Hospital at Morganton. Board of Directors. Minutes of the meetings of the Board of Directors. Unpublished manuscript, Staff Library, Broughton Hospital, September 12, 1906 - December 6, 1916.

State Hospital at Morganton. Board of Directors. Minutes of the meetings of the Board of Directors. Unpublished manuscript, Staff Library, Broughton Hospital, 1921-1935.

State Hospital at Morganton. Board of Directors. Minutes of the meetings of the Board of Directors. Unpublished manuscript Staff Library, Broughton Hospital, April 8, 1937 - April 6, 1939.

State Hospital at Morganton. Board of Directors. Minutes of the meetings of the Board of Directors. Unpublished manuscript, Staff Library, Broughton Hospital, May 23, 1939 - June 30, 1941.

State Hospital at Morganton. Board of Directors. Minutes of the meetings of the Board of Directors. Unpublished manuscript. Staff Library, Broughton Hospital, October 9, 1941 - March 27, 1945.

State Hospital at Morganton. Executive Committee. Minutes of the meetings of the Executive Committee. Unpublished manuscript, Staff Library, Broughton Hospital, May 6, 1937 - June 30, 1944.

Western North Carolina Insane Asylum. Board of Directors. Minutes of the meetings of the Board of Directors. Unpublished manuscript, Staff Library, Broughton Hospital, December 7, 1882 - November 2, 1888.

Western North Carolina Insane Asylum. Board of Directors. Minutes of the meetings of the Board of Directors. Unpublished manuscript, Staff Library, Broughton Hospital, December 12, 1888 - June 8, 1898.

6. Hospital Newspapers

Broughton Hospital. News and views. Staff Library, Broughton Hospital, January - February, 1966, October, 1966 - December, 1968.

Broughton Hospital. News and views. Archives of the State Library, Raleigh, North Carolina, August, 1959 - April, 1961.

State Hospital at Morganton. News and views. Archives of the State Library, Raleigh, North Carolina, October, 1956 - July, 1959.

7. Addresses, Letters and Memorandums

Dix, D. L. Memorial soliciting, a state hospital for the protection and cure of the insane, submitted to the General Assembly of North Carolina, November, 1848. Raleigh: Seaton Gales, 1848.

Lane, T. Memorandum to Dr. Olen I. Freeman, Jr. Unpublished manuscript, Office of the Supervisor of Recreation, Broughton Hospital, October 7, 1968.

Lane, T. Memorandum to Dr. Olen I. Freeman, Jr. Unpublished manuscript, Office of the Supervisor of Recreation, Broughton Hospital, July 8, 1969.

Lane, T. Memorandum to unit directors. Unpublished manuscript, Office of the Supervisor of Recreation, Broughton Hospital, November 22, 1968.

Littlejohn, R. Memorandum. Unpublished manuscript, Office of the Supervisor of Recreation, Broughton Hospital, January 28, 1969.

Littlejohn, R. Memorandum to Dr. Micheal McCall. Unpublished manuscript, Office of the Supervisor of Recreation, Broughton Hospital, September 23, 1969.

Littlejohn, R. Memorandum to unit directors. Unpublished manuscript, Office of the Supervisor of Recreation, Broughton Hospital, October 27, 1969.

Littlejohn, R. Memorandum to Dr. Olen I. Freeman, Jr. Unpublished manuscript, Personnel Office, Broughton Hospital, 1969.

Littlejohn, R. Memorandum to Inga S. Warrick. Unpublished manuscript, Office of the Supervisor of Recreation, Broughton Hospital, January 26, 1970.

Memo to Dr. Watkins. Unpublished manuscript, Staff Library, Broughton Hospital. No date.

Murphy, P. L. Colony treatment of the insane and other defectives. Read before the Meeting of the North Carolina Meeical Association, Charlotte, June, 1906.

Murphy, P. L. The treatment and care of the insane in North Carolina: What it is, what it was, and what it ought to be. Address delivered before the Agricultural and Mechanical College, Raleigh, March 16, 1900.

Payne, H. Letter to Dr. James K. Hall. Printed copy, Staff Library, Broughton Hospital, April 19, 1939.

Smith, C. C. Letter to this researcher, April 18, 1973.

Trimble, S. K. Memorandum to Inga S. Warrick et al. Unpublished manuscript, Office of the Supervisor of Recreation, Broughton Hospital, November, 1970.

Warrick, I. S. Letter to this researcher, July 7, 1976.

8. Departmental Records

Biggerstaff, J. Classification questionnaire. Unpublished manuscript, Personnel Office, Broughton Hospital, 1956.

Medical Record Department, Broughton Hospital. Patient Statistics.

North Carolina State Personnel Department. Personnel reclassifications, Personnel Office, Broughton Hospital, 1971.

Personnel Office, Broughton Hospital, Personnel Statistics.

Recreation Therapy Department. Recreation therapy organization plan. Unpublished manuscript, Office of the Supervisor of Recreation, Broughton Hospital, 1973.

Youth Activities Program. Organization manual. Unpublished manuscript, Office of Youth Activities Program, 1973.

9. Agency Investigations

Board of Inquiry appointed by His Excellency J. Melville Broughton. Investigation State Hospital Morganton, North Carolina. Unpublished manuscript, Staff Library, Broughton Hospital, Vol. I, 1942.

Board of Inquiry appointed by His Excellency J. Melville Broughton. Investigation State Hospital Morganton, North Carolina. Unpublished manuscript, Staff Library, Broughton Hospital, Vol. II, 1942.

Central Inspection Board of the American Psychiatric Association. Report on the state mental hospitals of North Carolina. Vol. II, June, 1950.

Governor's Commission to Study the Care of the Insane and Mental Defectives. A study of mental health in North Carolina. Ann Arbor, Michigan: Edwards Brothers, 1937.

10. Miscellaneous

Broughton Hospital. Procedure book of Broughton Hospital. Unpublished manuscript, Staff Library, Broughton Hospital, July, 1971.

Saunders, J. R. North Carolina's four institutions for the mentally ill represent years of endeavor: State Hospital at Morganton. Public Welfare News, 1943, 6 (4), 10.

Saunders, J. R. The proposed program for the State Hospital at Morganton. North Carolina Medical Journal, 1945, 6, 22-25.

Trimble, S. K. A study of recreation resources and programs at Broughton Hospital and in community recreation departments and mental health centers in thirty-two counties of North Carolina served by Broughton Hospital. Reproduced by the Recreation Division, Office of Recreation Resources, North Carolina Department of Natural and Economic Resources, April, 1972.

Western North Carolina Insane Asylum. Case book. Unpublished manuscript, Staff Library, Broughton Hospital, 1883-1905.

B. Secondary Sources

1. Periodicals

Chace, M. Opening doors through dance. Journal of Health, Physical Education and Recreation, 1952, 23, 10-11+.

Davis, J. E. Fundamental concepts of physical activity in rehabilitation. Mental Hygiene, 1947, 31, 630-635.

The doctors and recreation in the hospital setting. Raleigh: North Carolina Recreation Commission, 1962, No. 30.

Hall, J. K. Psychiatry in retrospect and in prospect. Southern Medicine and Surgery, 1938, 100 (11).

Hospital recreation: A report of the first southern regional institute on hospital recreation. Raleigh: North Carolina Recreation Commission, 1953, No. 11.

Knudson, A. B. & Davis, J. E. Medically perscribed exercises for neuropsychiatric patients. American Medical Association Journal, 1949, 140, 1090-1095.

McCulloch, M. C. Founding the North Carolina asylum for the insane. North Carolina Historical Review, 1936, XIII (3), 185-201.

Recreation in the hospital setting: A report of the third southern regional conference on hospital recreation. Raleigh: North Carolina Recreation Commission, 1957, No. 22.

Weisman, M. N., Mann, L., & Barker, B. Camping: An approach to releasing human potential in chronic mental patients. The American Journal of Psychiatry, 1966, 123, 166-172.

2. Books

American Psychiatric Association. Standards for hospitals and clinics. (Rev. ed.). Washington, D. C., Author, 1958.

Ashe, S. A. (Ed.). Biographical history of North Carolina. Vol. VI. Greensboro: Charles L. Van Noppen, 1907.

Ashe, S. A. History of North Carolina. Vol. II. Raleigh: Edwards & Broughton, 1925.

Best, J. W. Research in education. Englewood Cliffs, N. J.: Prentice-Hall, 1959.

Davis, J. E. Principles and practice of rehabilitation. New York: A. S. Barnes, 1943.

Deutsch, A. The mentally ill in America. New York: Columbia University Press, 1949.

English, H. B., & English, A. C. A comprehensive dictionary of psychological and psychoanalytical terms. New York: David McKay, 1958.

Frye, V. & Peters, M. Therapeutic recreation: It's theory, philosophy, and practice. Harrisburg: Stackpole, 1972.

Greenblatt, M., York, R. H., & Brown, E. L. From custodial care to therapeutic patient care in mental hospitals. New York: Russell Sage Foundation, 1955.

Grimes, J. M. Institutional care of mental patients in the United States. Chicago: Author, 1934.

Grob, G. N. Mental institutions in America: Social policy to 1875. New York: Free Press, 1973.

Haas, L. J. Practical occupational therapy for the mentally and nervously ill. Milwaukee: Bruce Pub., 1944.

Haun, P. Recreation: A medical viewpoint. New York: Bureau of Pub., Teachers College, Columbia Univ., 1965.

Haworth, N. A. & MacDonald, E. A. Theory of occupational therapy. London: Bailliere, Lindall & Cox, 1940.

Joint Commission on Mental Illness and Health. Action for mental health. New York: Science Editions, 1961.

Kraus, R. Therapeutic recreation service: Principles and practice. Philadelphia: W. B. Saunders, 1973.

Layman, L. Physical activity as a psychiatric adjunct. In W. R. Johnson (Ed.), Science and medicine of exercise and sports. New York: Harper & Bros., 1960.

Meyer, L. E. Recreation and the mentally ill. In T. A. Stein & H. D. Sessoms, (Eds.), Recreation and special populations Boston: Holbrook Press, 1973

Mosey, A. C. Activities therapy. New York: Raven Press, 1973.

North Carolina Mental Health Planning Staff. A comprehensive mental health plan for North Carolina. Vol. I. Raleigh: North Carolina State Department of Mental Health, 1965.

North Carolina Mental Health Planning Staff. A comprehensive mental health plan for North Carolina. Vol. II. Raleigh: North Carolina State Department of Mental Health, 1965.

O'Morrow, G. S. (Ed.). Administration of activity therapy service. Springfield: Charles C. Thomas, 1966

Rankin, R. S. The government and administration of North Carolina. New York: Thomas Y. Crowell, 1955.

Rathbone, J. L., & Lucas, C. Recreation in total rehabilitation. Springfield: Charles C. Thomas, 1959.

Speas, E. M. History of the voluntary mental health movement in North Carolina. Raleigh: North Carolina Mental Health Association, 1961.

Stevens, A. Fun is therapeutic. Springfield: Charles C. Thomas, 1972.

Van Dalen, D. B. Understanding educational research. New York: McGraw Hill, 1966.

3. Unpublished Manuscripts

Cahow, C. R. The history of the North Carolina mental hospitals: 1848-1960. Unpublished doctoral dissertation, Duke University, June, 1967.

Farr, F. P. A history of the Recreation Department at Dorothea Dix Hospital from 1950 until 1969. Unpublished master's thesis, University of North Carolina at Chapel Hill, 1970.

Marrotte, L. M. Recreation for the mentally ill in a state institution. Unpublished master's thesis, University of North Carolina at Chapel Hill, 1954.

Appendix A

Outstanding Events at Broughton Hospital

Outstanding Events at Broughton Hospital

1875	Western North Carolina Insane Asylum authorized
1882-1907	Dr. Patrick L. Murphy, Superintendent
1883	First patient admitted to hospital
1883-1904	Dances held in chapel on third floor of Center building
1884	Patients' library available
1887	Bowling alley and billiard room constructed
1891	Name of hospital changed to State Hospital at Morganton
1900	Bowling alley rebuilt
1906-1907	Amusement Hall built
1907-1938	Dr. John McCampbell, Superintendent
1911	Picture shows added to recreation program
1929-1940	No recreational activities recorded
1935	Government study of hospital care
1938-1943	Dr. Fonso B. Watkins, Superintendent
1939-1940	Amusement Hall used to house patients during fireproofing and reconstruction of the hospital
1940	Amusement Hall remodeled
1941	Movies and dances initiated; patients' library opened in Amusement Hall
1942	Government investigation of hospital; tennis courts and badminton court built
1943	North Carolina Hospitals Board of Control established; park for female patients built
1943-1945	Dr. John R. Saunders, Superintendent
1945	Occupational Therapy Department established
1945-1949	Dr. Louis B. Beall, Superintendent
1947	Patients' library moved to Yates building; athletic field developed
1949-1967	Dr. John S. McKee, Jr., Superintendent
1953	Recreation Department established
1953-1963	Jack Biggerstaff, Director of Recreation
1959	Name of hospital changed to Broughton Hospital; Rehabilitation Services Department established
1961	Recreation Therapy-Occupational Therapy building opened
1964-1966	Thomas Lane, Director of Recreation
1965-1969	Thomas Lane, Director of Rehabilitation Services

1965	Unit system established
1966-1973	Robert Littlejohn, Director of Recreation
1968-1970	Dr. Olen I. Freeman, Jr., Superintendent
1969-1973	Inga S. Warrick, Director of Rehabilitation Services
1970-1972	Therapist I trainee program for recreation aides
1970-1973	Dr. C. Capers Smith, Superintendent

Appendix B

Recreation Staff: 1953-1973

Recreation Staff: 1953-1973

Anderson, Phyllis	1957-1958
Barrier, Douglas	1957-1958
Brackett, Matilda Gantt	1953-1956
Bridges, Hugh	1953-1955
Carswell, Margaret	1957-1964
Cartwright, Leslie	1959-1961
Chapman, Vernie	1958-1973
Clark, Ruth	1955-1956
Cook, Ernest	1953-1955
Costner, Nathan	1955-1960
Curtis, Jacqueline	1959-1962
Daves, Ronald	1963-1965
Duckworth, Janice White	1962-1973
Duckworth, Jerry	1963-1973
Duckworth, Kenneth	1965-1970
Duckworth, Norman	1961-1973
Epley, Wilbur	1958-1959
Grady, Paul	1958-1973
Hastings, Ruth	1953-1973
Ingram, Harry	1959-1964
Jackson, Norma	1958-1959
Kral, Peggy	1956-1957
McMahon, Cleta	1953-1957
Parker, Richard	1956-
Pittman, David	1964-1967
Puckett, Danny	1957-1961
Ramsey, Donald	1967-1973
Randall, Kirby	1973-
Reep, Marge Hoyle	1956-1973
Rhodes, Roberta	1957-1958
Roper, Joe	1955-1956

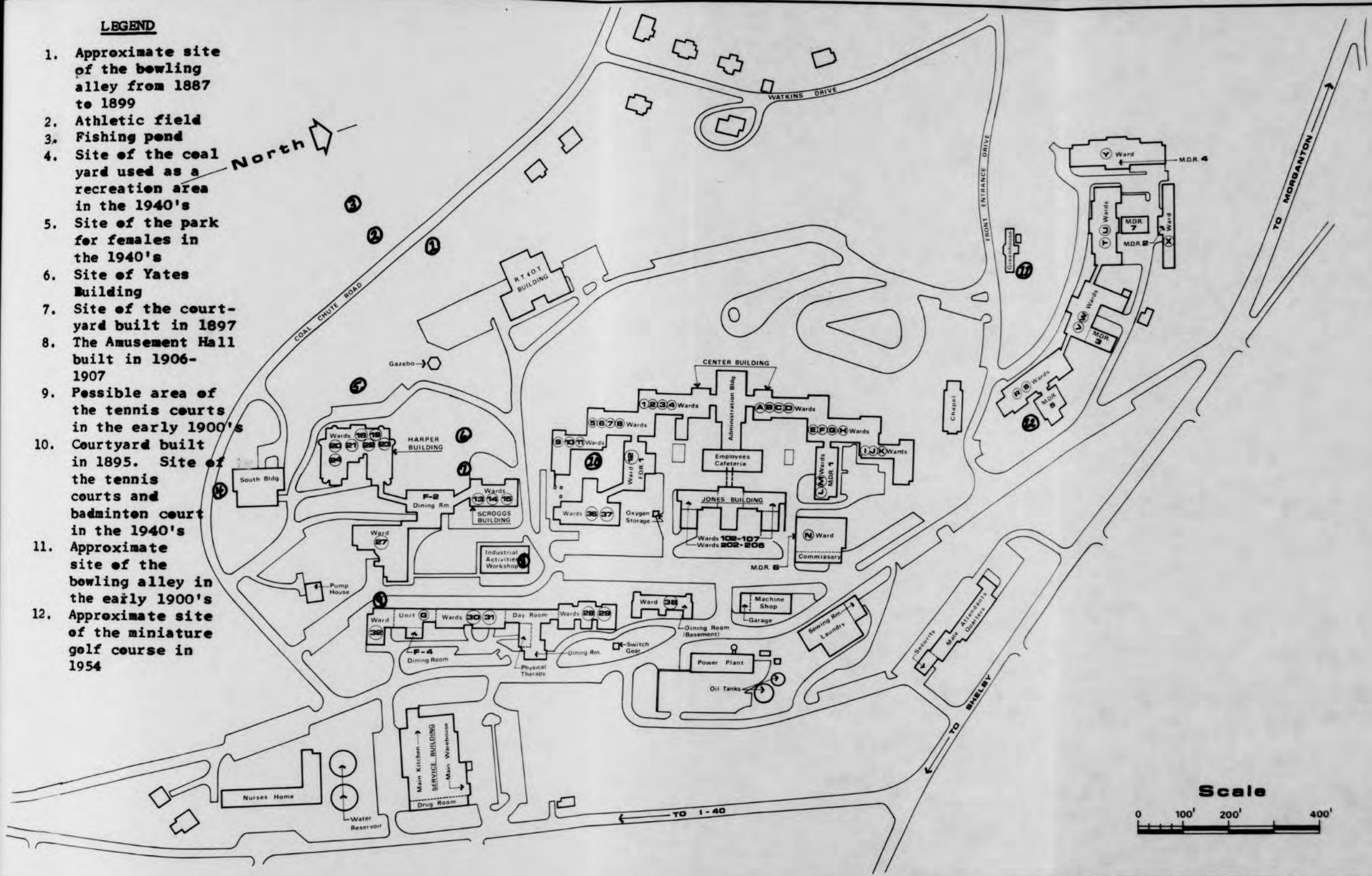
Scoggins, Elaine	1973-
Seagle, Sarah Rockett	1953-1955
Shuping, Robert	1971-1973
Siphers, Katherine	1959-
Speir, Ann	1959-
Trimble, Sandra	1970-1972
Turner, Gene	1956-1958; 1960-1963
Williams, Nancy	1962-1973
Wilson, John	1973-

Appendix C

A Layout of Broughton Hospital with Historic Sites Marked

LEGEND

1. Approximate site of the bowling alley from 1887 to 1899
2. Athletic field
3. Fishing pond
4. Site of the coal yard used as a recreation area in the 1940's
5. Site of the park for females in the 1940's
6. Site of Yates Building
7. Site of the courtyard built in 1897
8. The Amusement Hall built in 1906-1907
9. Possible area of the tennis courts in the early 1900's
10. Courtyard built in 1895. Site of the tennis courts and badminton court in the 1940's
11. Approximate site of the bowling alley in the early 1900's
12. Approximate site of the miniature golf course in 1954



BROUGHTON HOSPITAL
Morganton, North Carolina

VAUGHAN / KUEHN
LANDSCAPE ARCHITECTS
LAND PLANNING CONSULTANTS
908 s. kings drive, charlotte, n.c. 704-332-5864